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How to retrieve the handout for this presentation

1. Select ***Catalog*** from the top menu when you first sign into the online learning section of the Palmetto GBA Web site
2. Select ***Part A Home Health*** under the ***Category*** heading
3. Locate the handout (same name as the course)
4. Place a checkmark in the box next to the handout and click the ***Add to My Learning button*** at the top of the page
5. Select ***My Learning*** from the top menu
6. Locate the handout
7. Click ***Start***

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Direct Data Entry (DDE) Home Health

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CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Agenda

- Why use Direct Data Entry (DDE)?
  - References
  - Eligibility
  - Understanding DDE Basics
  - Claim Entry

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Agenda

- Status and Location
- Claims Inquiries
- Corrections
- Adjustments
- Cancels
- More About DDE

Why Use Direct Data Entry (DDE)?

Direct Data Entry

- Direct Data Entry (DDE) Online Remote Terminal Access was designed as an integral part of the Fiscal Intermediary Standard System (FISS). It gives Medicare providers direct access to information on their claims.

Direct Data Entry

- Enter and Submit Claims
- Correct, Adjust and Cancel Claims
- Inquire about Beneficiary Information/Eligibility
- Home Health Episode Information (Page 3) of HIQH

Direct Data Entry

- View other possible insurances (HMO and MSP)
  - HIQH and/or HIQA
- Track claims for payment, errors, ADR's
- View outlier payments
- View downcodes and reason for medical review denials

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References

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DDE References

- Manual
  - **www.palmettogba.com**
  - Select Manuals
  - Select Direct Data Entry (DDE) User's Manual for Medicare Part A
  - Sign-on Instructions
- Connectivity Issues
  - EDI Help Desk 1-866-749-4301

Home Health PPS and Billing Instructions

- **www.cms.hhs.gov/manuals**
  - Select Internet Only Manuals
    - *Medicare Claims Processing Manual (CMS Pub. 100-04, Ch. 10)*
    - Medicare Claims Processing Manual (CMS Pub. 100-04, Ch. 25)

Eligibility

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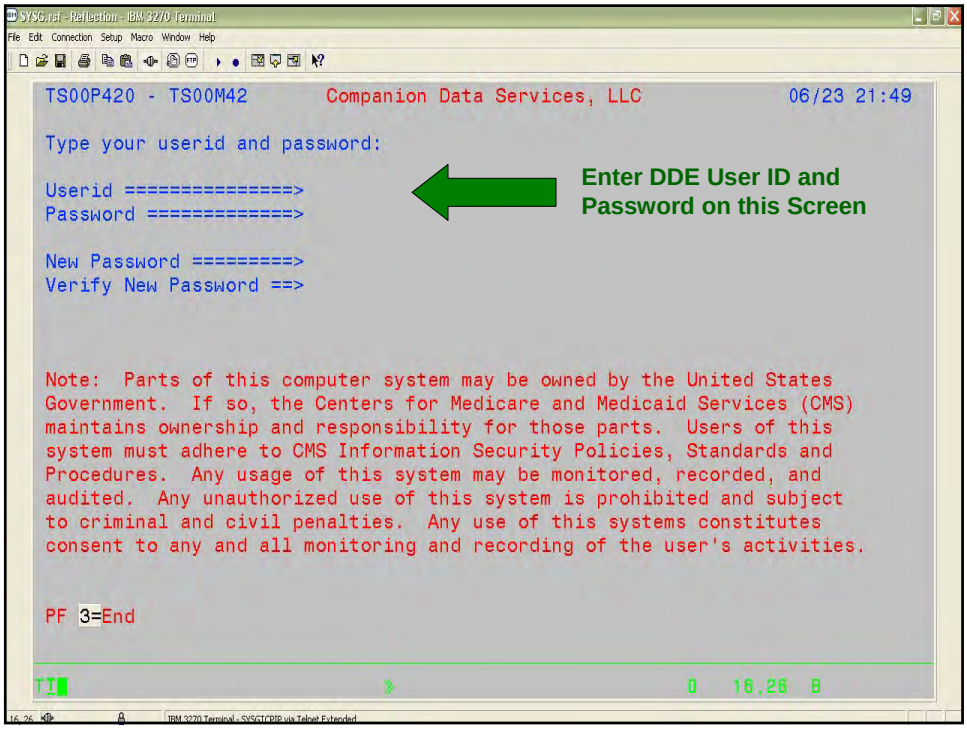
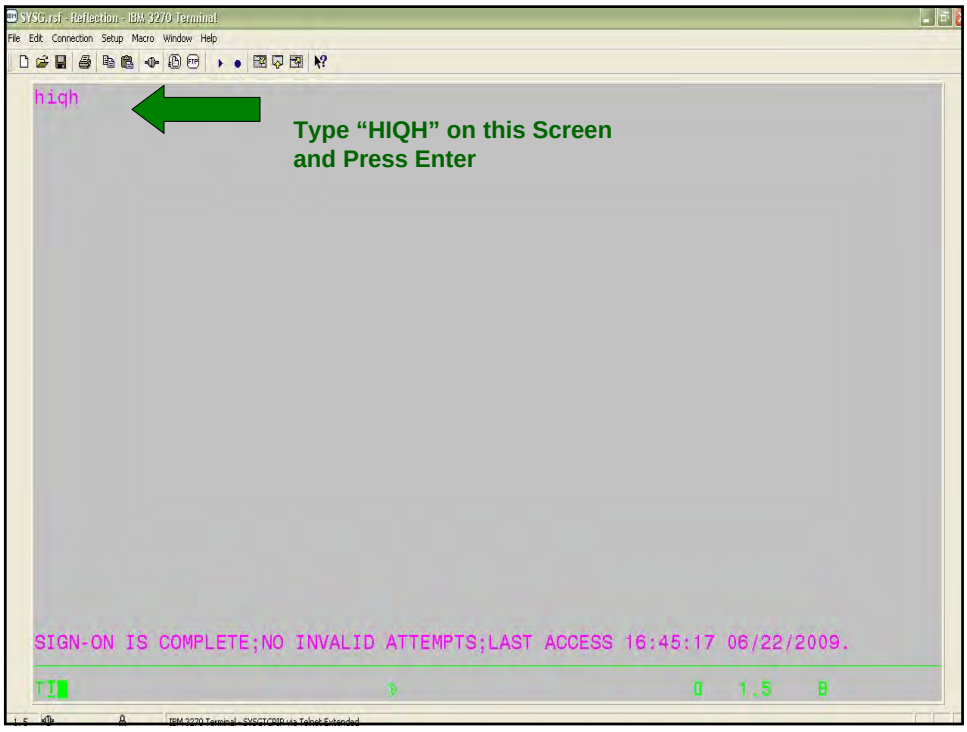
HIQH

- Health Insurance Query for Home Health


SYSG.rsf - Reflection - IBM 3270 Terminal
File Edit Connection Setup Macro Window Help
TS00P420 - TS00M42 Companion Data Services, LLC 06/23 21:49
Type your userid and password:
Userid ================>
Password ==============>
New Password ==========>
Verify New Password ==>
Enter DDE User ID and Password on this Screen
Note: Parts of this computer system may be owned by the United States Government. If so, the Centers for Medicare and Medicaid Services (CMS) maintains ownership and responsibility for those parts. Users of this system must adhere to CMS Information Security Policies, Standards and Procedures. Any usage of this system may be monitored, recorded, and audited. Any unauthorized use of this system is prohibited and subject to criminal and civil penalties. Any use of this systems constitutes consent to any and all monitoring and recording of the user's activities.
PF 3=End
TI
16,26

Health Insurance Query for HHA (HIQH) System

- Accessed through Direct Data Entry (DDE)
- "HIQH" (HIQA) Should be Typed at the DDE Sign In Prompt
- Displays Important Beneficiary Entitlement Information (CWF Part A Inquiry Screen)
  - Should be accessed upon referral and intervals thereafter


SYSG.rsi - Reflection - IBM 3270 Terminal
File Edit Connection Setup Macro Window Help
hiqh
Type "HIQH" on this Screen
and Press Enter
SIGN-ON IS COMPLETE;NO INVALID ATTEMPTS;LAST ACCESS 16:45:17 06/22/2009.
TI
0 1.5 B

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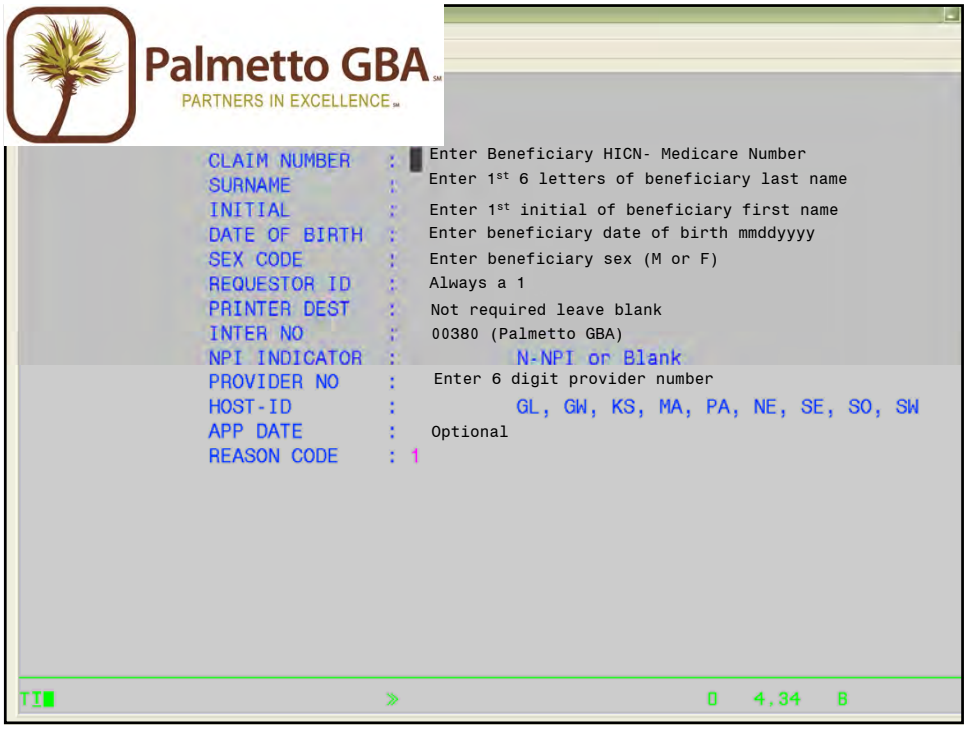
CLAIM NUMBER : Enter Beneficiary HICN- Medicare Number
SURNAME : Enter 1st 6 letters of beneficiary last name
INITIAL : Enter 1st initial of beneficiary first name
DATE OF BIRTH : Enter beneficiary date of birth mmddyyyy
SEX CODE : Enter beneficiary sex (M or F)
REQUESTOR ID : Always a 1
PRINTER DEST : Not required leave blank
INTER NO : 00380 (Palmetto GBA)
NPI INDICATOR : N-NPI or Blank
PROVIDER NO : Enter 6 digit provider number
HOST-ID : GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE : Optional
REASON CODE : 1
TI
0 4,34 B

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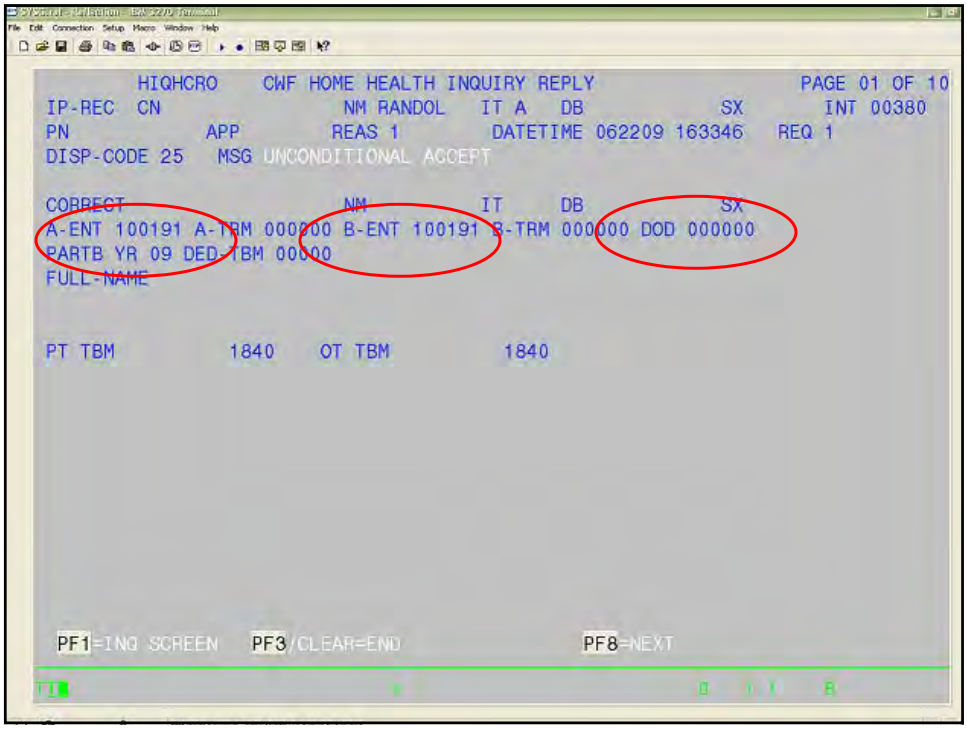
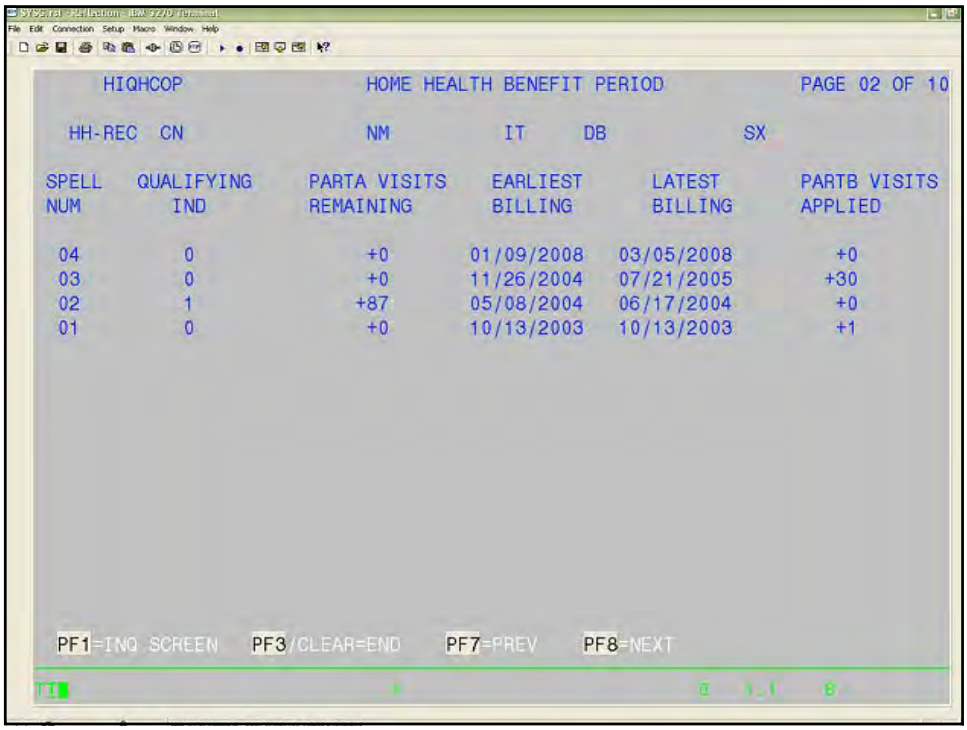
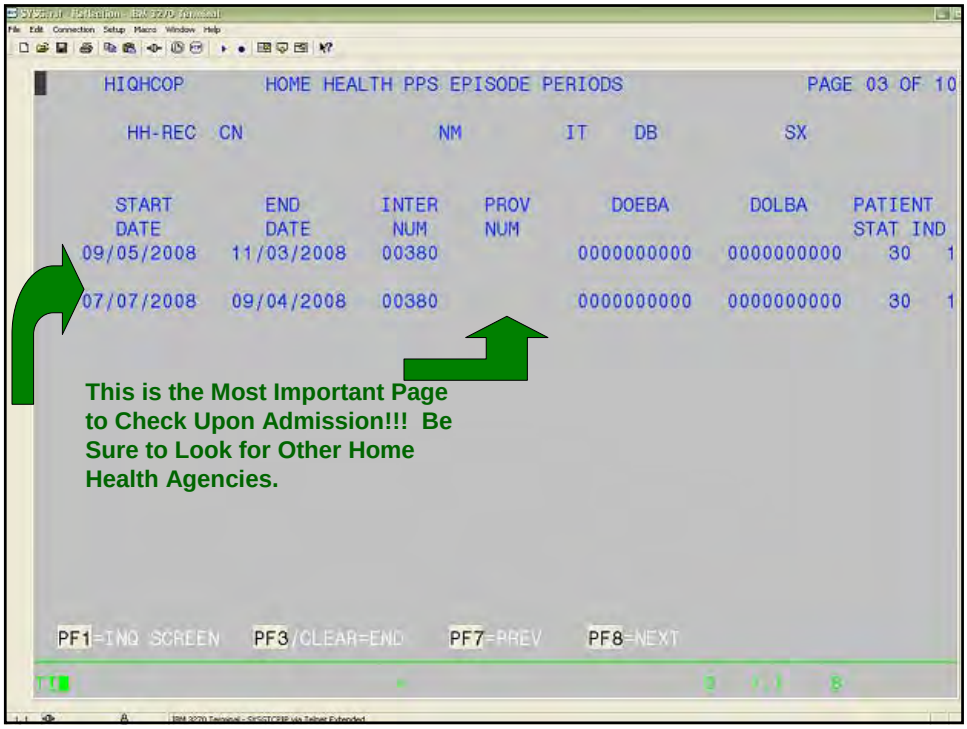
CWF Host Sites

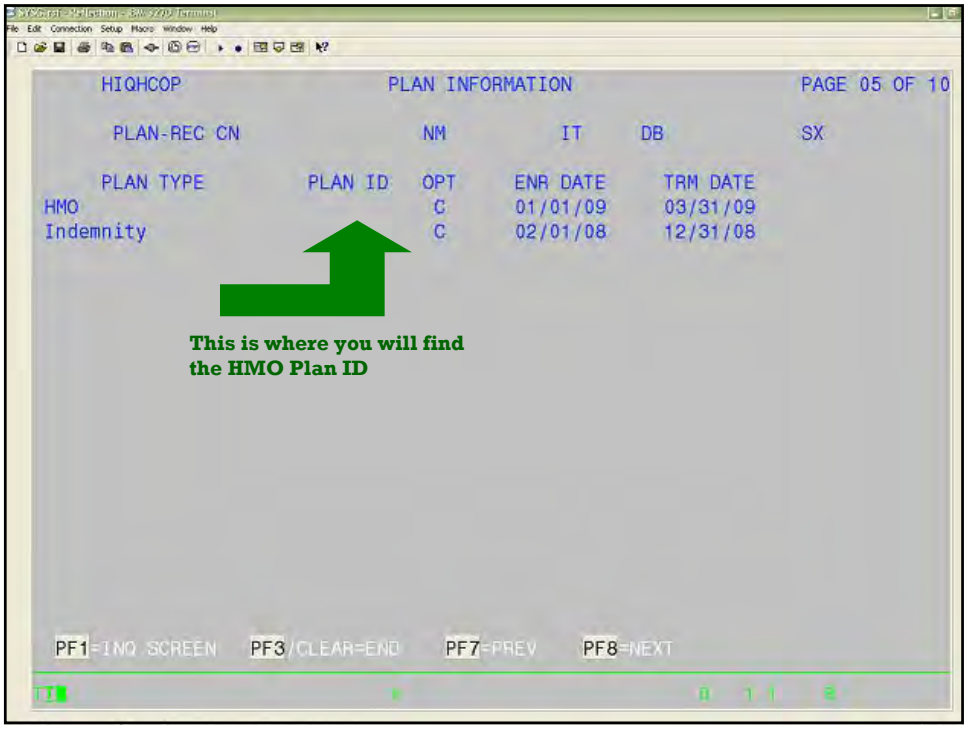
- ✓ **GL – Great Lakes**
  IL, MI, MN, WI
- ✓ **GW – Great Western**
  ID, IA, KS, MO, MT, NE, ND, OR, SD, UT, WA, WY
- ✓ **KS – Keystone**
  DE, NJ, NY, PA
- ✓ **MA – Mid-Atlantic**
  IN, MD, OH, VA, WV,
- ✓ **PA – Pacific**
  AK, AZ, CA, HI, NV
- ✓ **NE – North East**
  CT, ME, MA, NH, RI, VT
- ✓ **SE – South East**
  AL, MS, NC, SC, TN
- ✓ **SO – South –** FL, GA
- ✓ **SW – South West**
  AR, CO, LA, NM, OK, TX

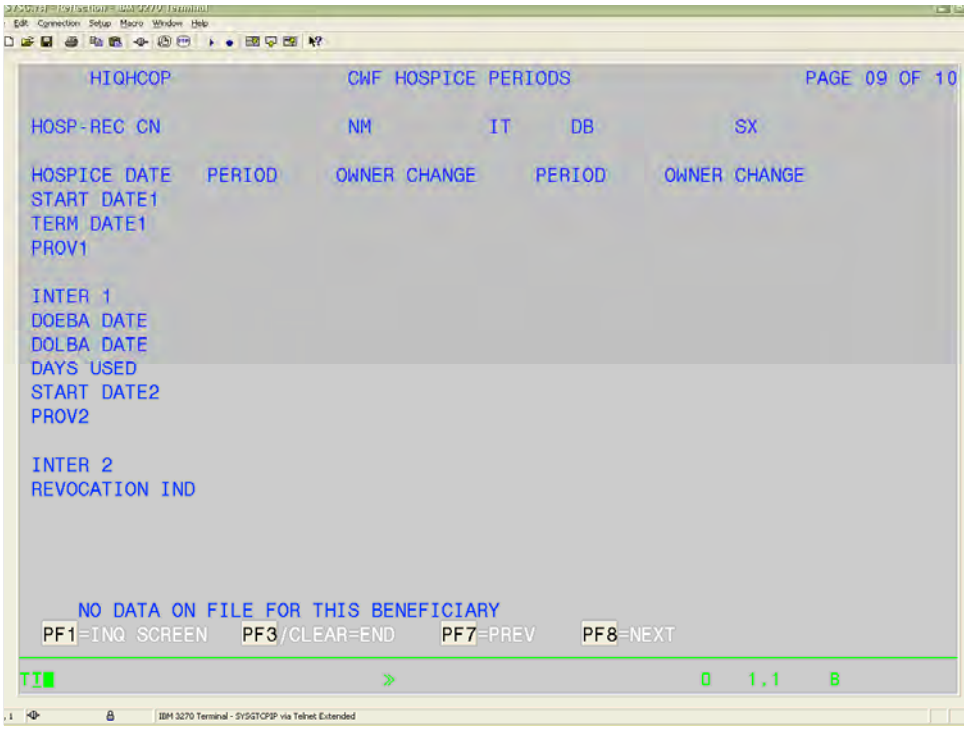

HIQHCRO CWF HOME HEALTH INQUIRY REPLY PAGE 01 OF 10
IP-REC CN NM RANDOL IT A DB SX INT 00380
PN APP REAS 1 DATETIME 062209 163346 REQ 1
DISP-CODE 25 MSG UNCONDITIONAL ACCEPT
CORRECT NM IT DB SX
A-ENT 100191 A-TRM 000000 B-ENT 100191 B-TRM 000000 DOD 000000
PARTB YR 09 DED-TBM 00000
FULL-NAME
PT TBM 1840 OT TBM 1840
PF1=INQ SCREEN PF3/CLEAR=END PF8=NEXT


HIQHCOP HOME HEALTH BENEFIT PERIOD PAGE 02 OF 10
HH-REC CN NM IT DB SX
SPELL NUM | QUALIFYING IND | PARTA VISITS REMAINING | EARLIEST BILLING | LATEST BILLING | PARTB VISITS APPLIED
04 0 +0 01/09/2008 03/05/2008 +0
03 0 +0 11/26/2004 07/21/2005 +30
02 1 +87 05/08/2004 06/17/2004 +0
01 0 +0 10/13/2003 10/13/2003 +1
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT


HIQHCOP HOME HEALTH PPS EPISODE PERIODS PAGE 03 OF 10
HH-REC CN NM IT DB SX
START DATE
END DATE
INTER NUM
PROV NUM
DOEBA
DOLBA
PATIENT STAT IND
09/05/2008 11/03/2008 00380 0000000000 0000000000 30 1
07/07/2008 09/04/2008 00380 0000000000 0000000000 30 1
This is the Most Important Page to Check Upon Admission!!! Be Sure to Look for Other Home Health Agencies.
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

HIQHCOP MSP PERIODS PAGE 04 OF 10
MSP-REC CN NM IT DB SX
REC MSP DESCRIPTION EFF DATE TRM DATE INTER DOA
NO DATA ON FILE FOR THIS BENEFICIARY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT


HIQHCOP PLAN INFORMATION PAGE 05 OF 10
PLAN-REC CN NM IT DB SX
PLAN TYPE PLAN ID OPT ENR DATE TRM DATE
HMO C 01/01/09 03/31/09
Indemnity C 02/01/08 12/31/08
This is where you will find the HMO Plan ID
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT


HIQHCOP CWF HOSPICE PERIODS PAGE 09 OF 10
HOSP-REC CN NM IT DB SX
HOSPICE DATE PERIOD OWNER CHANGE PERIOD OWNER CHANGE
START DATE1
TERM DATE1
PROV1
INTER 1
DOEBA DATE
DOLBA DATE
DAYS USED
START DATE2
PROV2
INTER 2
REVOCATION IND
NO DATA ON FILE FOR THIS BENEFICIARY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

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Understanding DDE Basics

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Standards and Conventions

- [TAB]
  - Press the TAB key to move forward between fields
- [CTRL-R]
  - If your screen "Freezes Up", hold down the CTRL key and press the R key to reset the screen
- (X)
  - Displays at the bottom of the screen when the system is processing your request. Do not press any key until the symbol goes away and the blinking cursor returns

Function Keys

- F1 Access reason code file
  » From any claim page
- F3 Exit a menu or Submenu
- F4 Exit the Claims System
  » Then type 'CSSF Logoff' and 'Enter'
- F5 Scroll Back in a Screen Page

Function Keys

- F6 Scroll Forward in a Screen Page
- F7 View Previous Page
- F8 Page Forward
- F9 Update Data
  - Sends Claim

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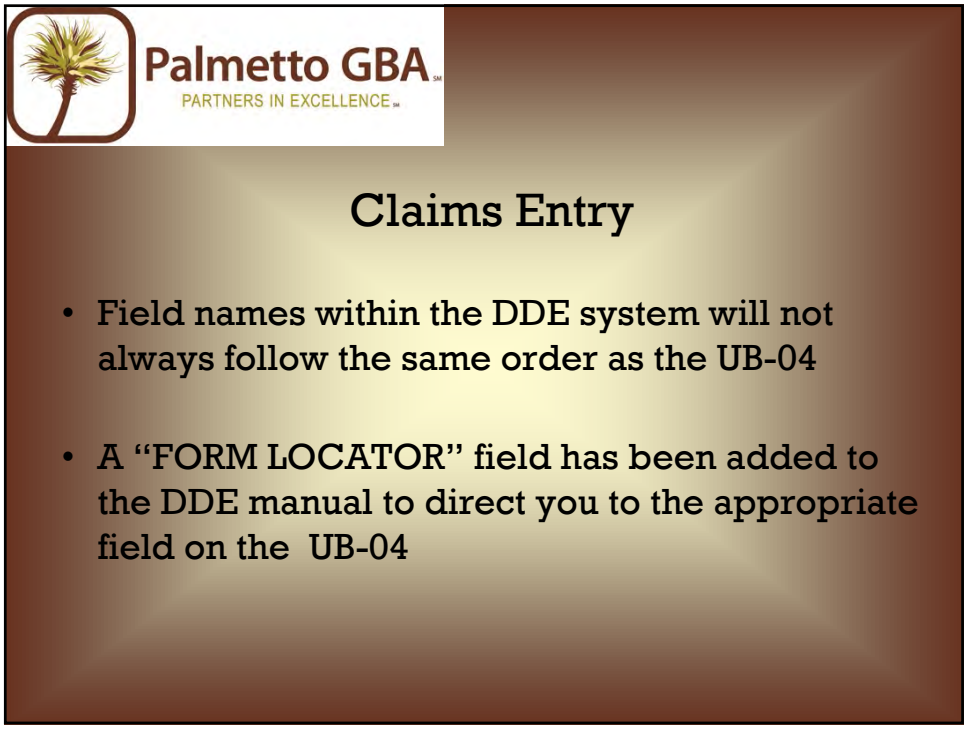
Claims Entry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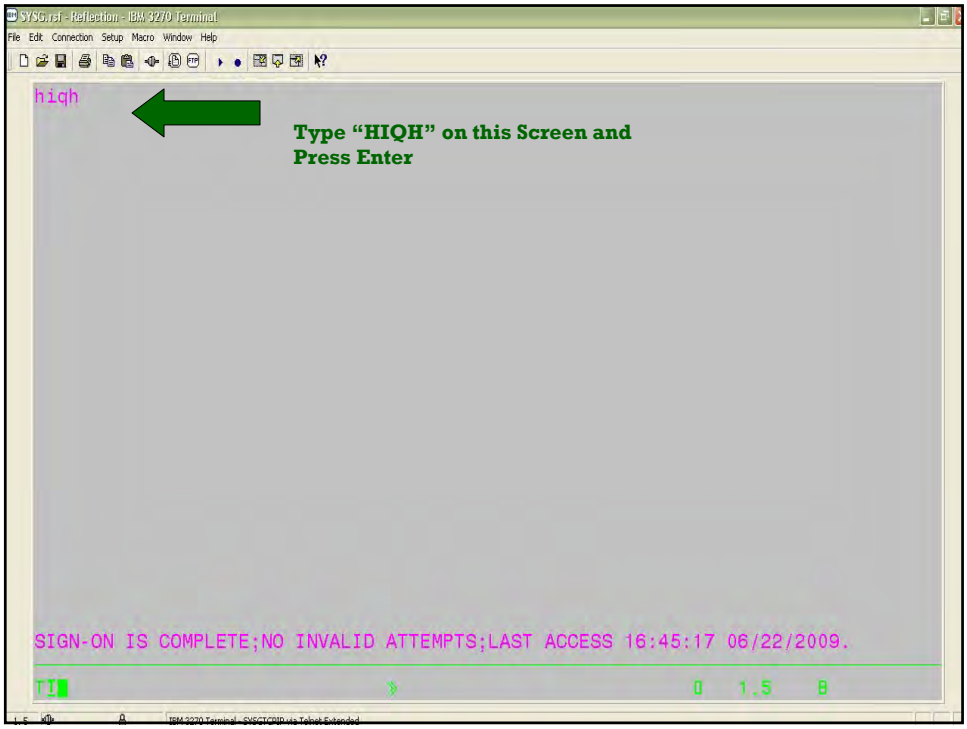
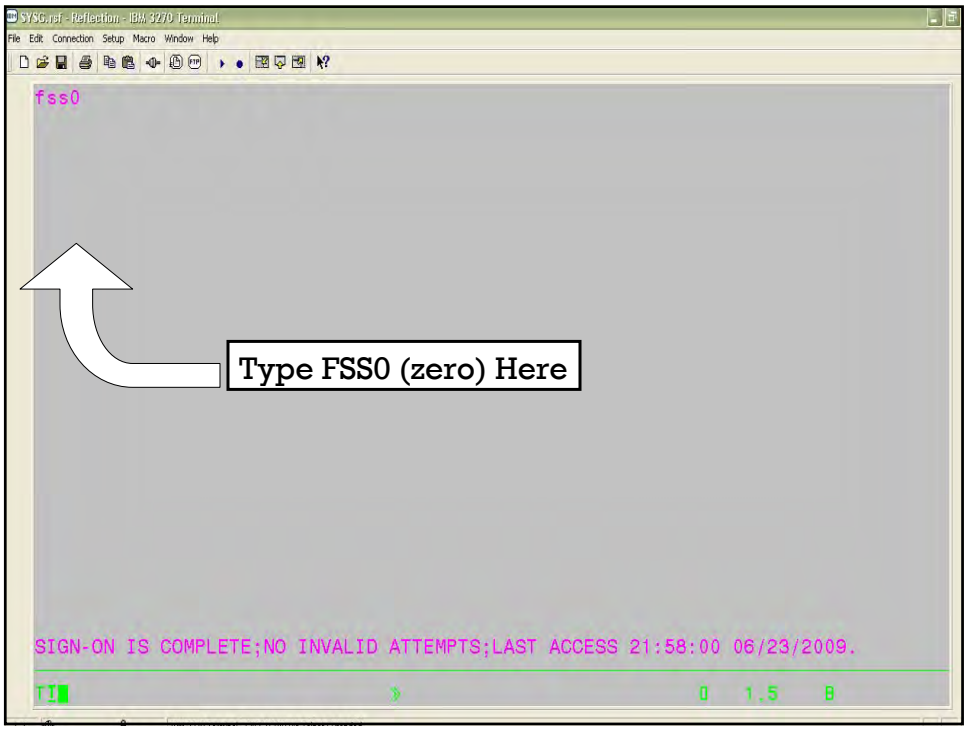
Claims Entry
• Field names within the DDE system will not always follow the same order as the UB-04
• A "FORM LOCATOR" field has been added to the DDE manual to direct you to the appropriate field on the UB-04

Claims Entry

- Page 1 - Patient Information
- Page 2 - Revenue /HCPCS Codes and Charges
- Page 3 - Payer Information, DX/Procedure Codes
- Page 4 - Remarks
- Page 5 - Treatment Authorization Code
- Page 6 - No Longer Used

DDE Main Menu


SYSC.rsf - Reflection - IBM 3270 Terminal
File Edit Connection Setup Macro Window Help
hiqh
Type "HIQH" on this Screen and
Press Enter
SIGN-ON IS COMPLETE;NO INVALID ATTEMPTS;LAST ACCESS 16:45:17 06/22/2009.
TI
0 1,5 B

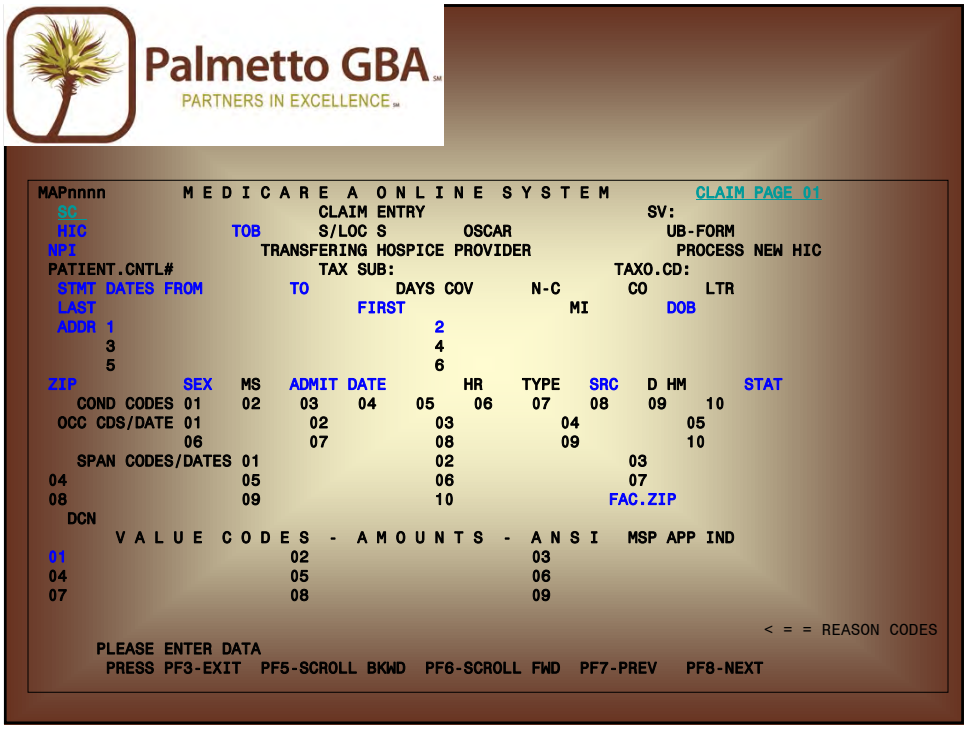

SYSC.rsf - Reflection - IBM 3270 Terminal
File Edit Connection Setup Macro Window Help
fss0
Type FSS0 (zero) Here
SIGN-ON IS COMPLETE;NO INVALID ATTEMPTS;LAST ACCESS 21:58:00 06/23/2009.
TI
0 1,5 B

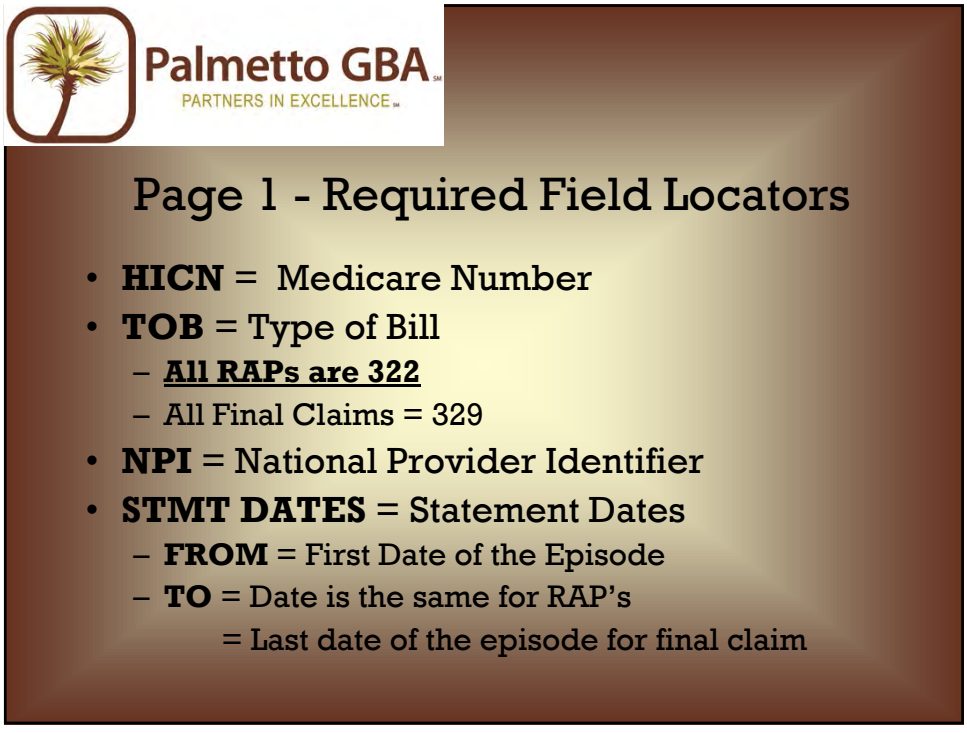
Claims Entry

```
MAP1701                        PALMETTO  GBA
                      MAIN MENU FOR REGION A6504A9P


                         01    INQUIRIES

                         02    CLAIMS/ATTACHMENTS

                         03    CLAIMS CORRECTION

                         04    ONLINE REPORTS VIEW




  ENTER MENU SELECTION: 02


    PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Claims Entry

```
MAPnnnn                         PALMETTO GBA
                              CLAIM AND ATTACHMENTS ENTRY MENU
                                CLAIMS ENTRY

                            INPATIENT                20
                            OUTPATIEN                22
                            SNF                      24
                            HOME HEALTH              26
                            HOSPICE                  28
                            NOE/NOA                  49
                            ROSTER BILL ENTRY        87
                               ATTACHMENT ENTRY
                            HOME HEALTH              41
                            DME HISTORY              54
                            ESRD  CMS-382 FORM       57


ENTER MENU SELECTION: 26
     PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```


MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC CLAIM ENTRY SV:
HIC TOB S/LOC S OSCAR UB-FORM
NPI TRANSFERING HOSPICE PROVIDER PROCESS NEW HIC
PATIENT.CNTL# TAX SUB: TAXO.CD:
STMT DATES FROM TO DAYS COV N-C CO LTR
LAST FIRST MI DOB
ADDR 1 2
3 4
5 6
ZIP SEX MS ADMIT DATE HR TYPE SRC D HM STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10 FAC.ZIP
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 02 03
04 05 06
07 08 09
< = = REASON CODES
PLEASE ENTER DATA
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT

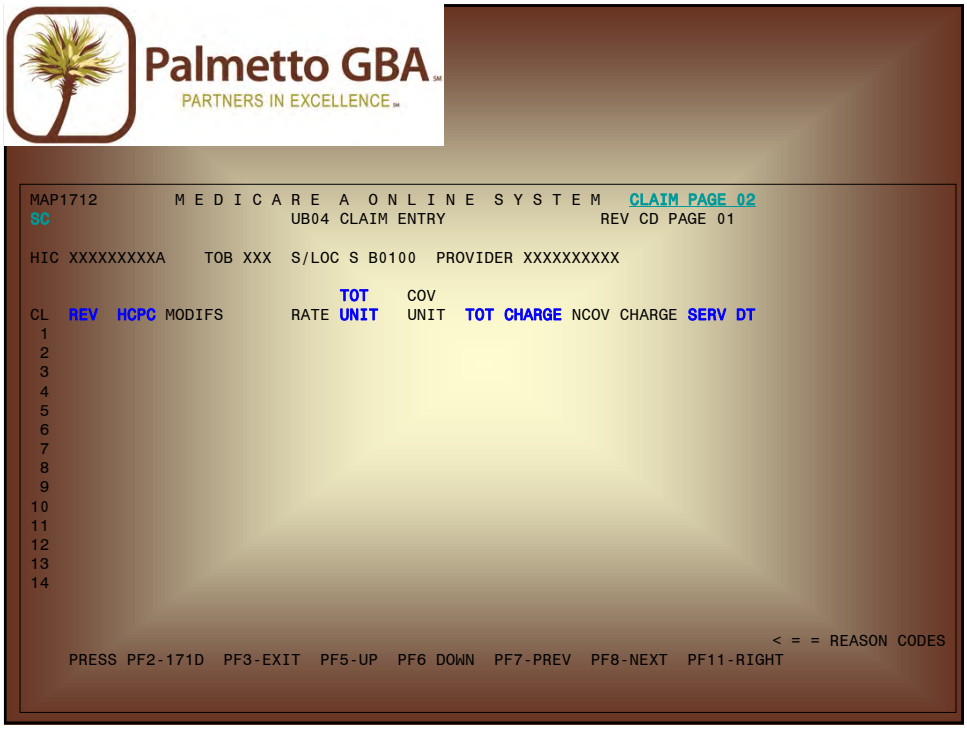

Page 1 - Required Field Locators
• HICN = Medicare Number
• TOB = Type of Bill
– All RAPs are 322
– All Final Claims = 329
• NPI = National Provider Identifier
• STMT DATES = Statement Dates
– FROM = First Date of the Episode
– TO = Date is the same for RAP's
= Last date of the episode for final claim

Page 1- Required Field Locators

- **LAST** = Beneficiary's Last Name
- **FIRST** = Beneficiary's First Name
- **DOB** = Date of Birth (MM/DD/YYYY)
- **ADDR 1** = Street Address
- **ADDR 2** = City and State
- **ZIP** = Beneficiary ZIP Code
- **SEX** = "M" or "F"

Page 1- Required Field Locators

- **ADMIT DATE** = Date of Admission
  - Remains the same until discharge
- **SRC** = Source of Admission
- **STAT** = Patient Status
  - **(All RAPs = 30)**
- **FAC.ZIP** = Facility Zip Code
- **VALUE CODES** = Enter Appropriate Value Codes
  - Value Code 61 = Required on all RAPS and Claims
  - CBSA Code = 5 digit number/decimal/two zeros
    - Example: **XXXXX.00**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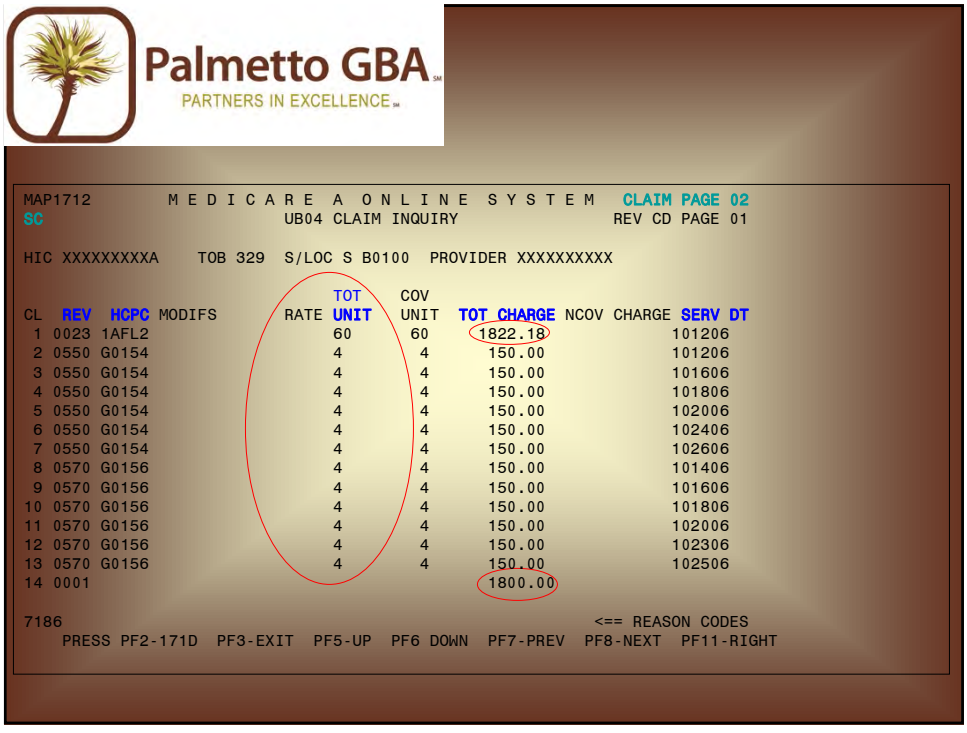
MAP1712 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 02
SC UB04 CLAIM ENTRY REV CD PAGE 01
HIC XXXXXXXXXA TOB XXX S/LOC S B0100 PROVIDER XXXXXXXXXX
CL REV HCPC MODIFS RATE TOT UNIT COV UNIT TOT CHARGE NCOV CHARGE SERV DT
1
2
3
4
5
6
7
8
9
10
11
12
13
14
< = = REASON CODES
PRESS PF2-171D PF3-EXIT PF5-UP PF6 DOWN PF7-PREV PF8-NEXT PF11-RIGHT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1712 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 02
SC UB04 CLAIM INQUIRY REV CD PAGE 01
HIC XXXXXXXXXA TOB 329 S/LOC S B0100 PROVIDER XXXXXXXXXX
CL REV HCPC MODIFS RATE TOT UNIT COV UNIT TOT CHARGE NCOV CHARGE SERV DT
1 0023 1AFL2 60 60 1822.18 101206
2 0550 G0154 4 4 150.00 101206
3 0550 G0154 4 4 150.00 101606
4 0550 G0154 4 4 150.00 101806
5 0550 G0154 4 4 150.00 102006
6 0550 G0154 4 4 150.00 102406
7 0550 G0154 4 4 150.00 102606
8 0570 G0156 4 4 150.00 101406
9 0570 G0156 4 4 150.00 101606
10 0570 G0156 4 4 150.00 101806
11 0570 G0156 4 4 150.00 102006
12 0570 G0156 4 4 150.00 102306
13 0570 G0156 4 4 150.00 102506
14 0001 1800.00
7186 <== REASON CODES
PRESS PF2-171D PF3-EXIT PF5-UP PF6 DOWN PF7-PREV PF8-NEXT PF11-RIGHT

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Page 2 – Required Field Locators

- **REV = Revenue Codes**
  - 1st line - 0023 = Revenue Code for Home Health
  - Subsequent lines (2, 3, 4 etc.) = Revenue Codes for Disciplines
    - PT - Rev Cd = 0421(0)
    - OT - Rev Cd = 0431(0)
    - SLP - Rev Cd = 0441(0)
    - SN - Rev Cd = 0551(0)
    - MSW - Rev Cd = 0561(0)
    - AIDE - Rev Cd = 0571(0)
  - Last line - 0001 = 'Total' line
    - Totals for **each** column

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Revenue Codes (con't)

- Subsequent lines (2, 3, 4 etc.) = Revenue codes for supplies
  - 0270 = Non-Routine Medical Supplies
  - 0623 = Wound Care Supplies
    - Do **not** duplicate on 0270
  - **Reminder**
    - Claims with receipt dates of October1, 2008 forward with a HIPPS code ending with a letter must report at least one of these supply revenue codes on the bill

Page 2 – Required Field Locators (con't)

- **HCPC** = Healthcare Common Procedure Code
  - HIPPS Code on line 1
  - Subsequent Lines (2, 3, 4 etc) = Corresponding Discipline HCPC 'G' Codes
    - PT - HCPC = G0151
    - OT - HCPC = G0152
    - SLP - HCPC = G0153
    - SN - HCPC = G0154
    - MSW - HCPC = G0155
    - AIDE - HCPC = G0156
  - Not required for supply revenue codes 0270 and 0623

Page 2 – Required Field Locators (con't)

- **TOT UNIT** = Total Units
  - Not required on 0023 revenue code line
  - Enter on each line item as appropriate to that revenue code
  - Example for care revenue codes
    - 1 unit = 15 minutes of care
    - 4 units = 1 hour of care
    - 6 units = 90 minutes of care

Page 2 – Required Field Locators (con't)

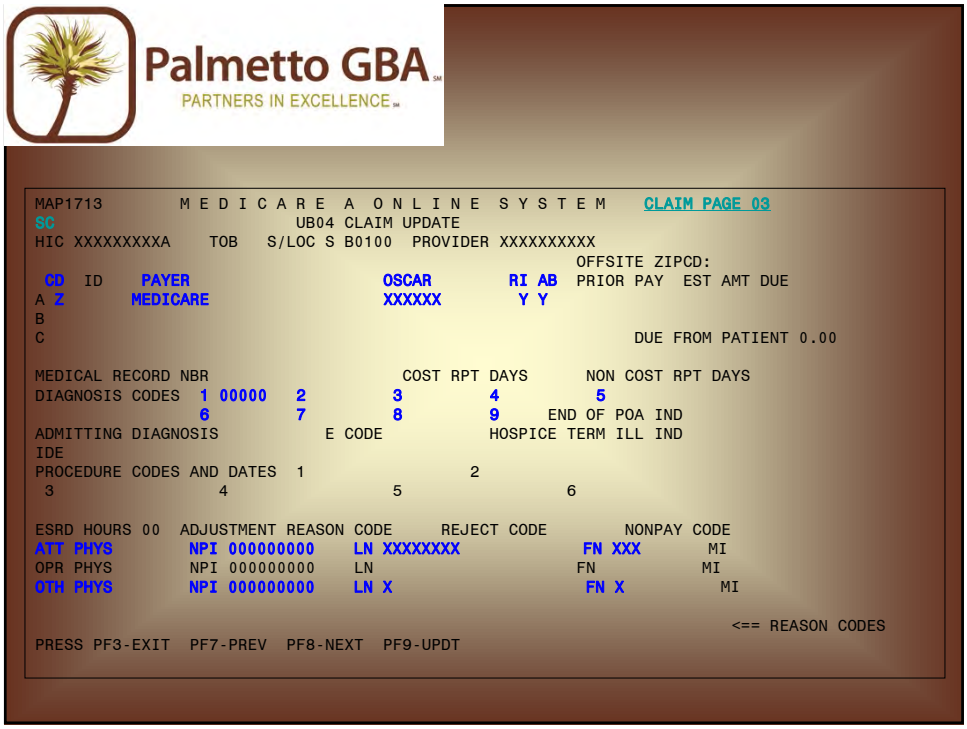
- **TOT CHARGE** = Total visit charge for that line item
  - Determined by the provider
  - Supply 0270 and 0623
    - Total charge for each
    - **Keep itemized statement in the chart**

- **SERV DT =** Date of Service for that visit line
    - Supply 0270 and 0623
      - Any date between the 'From' and 'To' dates on the claim

Need more then 14 lines?

- F6 to a new page (s) and <u>continue with line</u> <u>item billing</u>

- On the last page - last line, put revenue code 0001 and total of columns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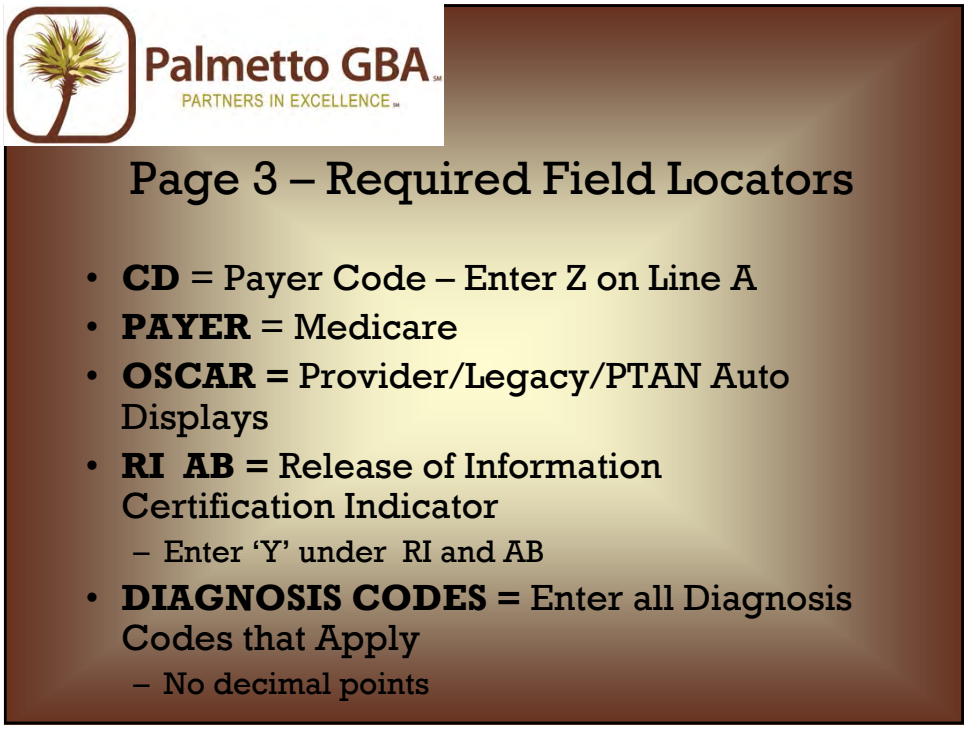
PARTNERS IN EXCELLENCE
MAP1713 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 03
SC UB04 CLAIM UPDATE
HIC XXXXXXXXXA TOB S/LOC S B0100 PROVIDER XXXXXXXXXX
OFFSITE ZIPCD:
CD ID PAYER OSCAR RI AB PRIOR PAY EST AMT DUE
A Z MEDICARE XXXXXX Y Y
B
C
DUE FROM PATIENT 0.00
MEDICAL RECORD NBR COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 00000 2 3 4 5
6 7 8 9 END OF POA IND
ADMITTING DIAGNOSIS E CODE HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 1 2
3 4 5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE REJECT CODE NONPAY CODE
ATT PHYS NPI 000000000 LN XXXXXXXX FN XXX MI
OPR PHYS NPI 000000000 LN FN MI
OTH PHYS NPI 000000000 LN X FN X MI
<== REASON CODES
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT

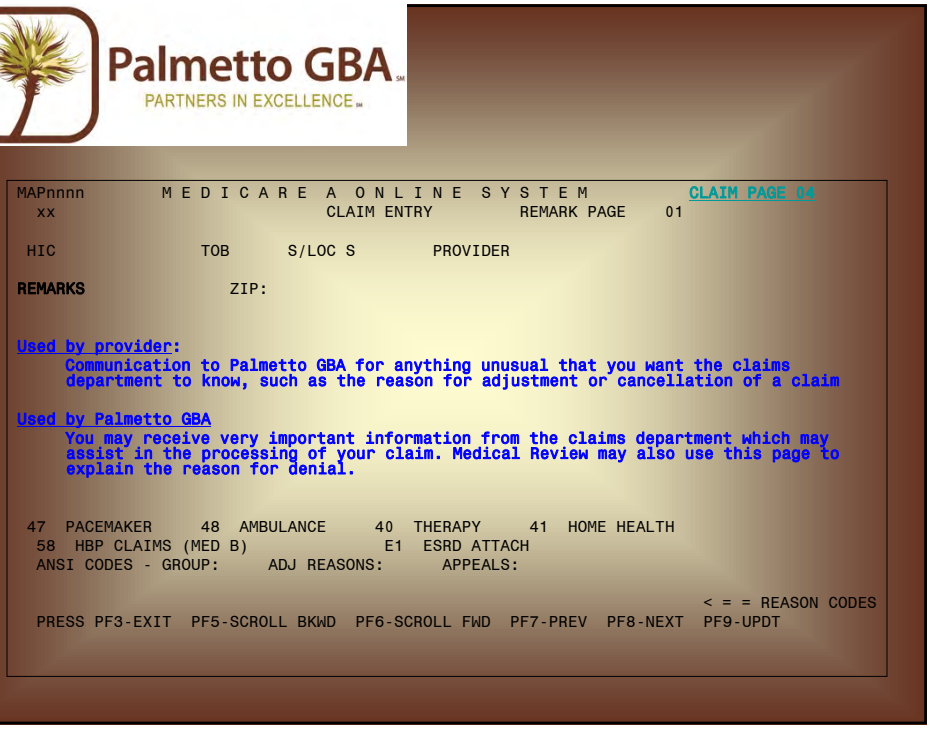


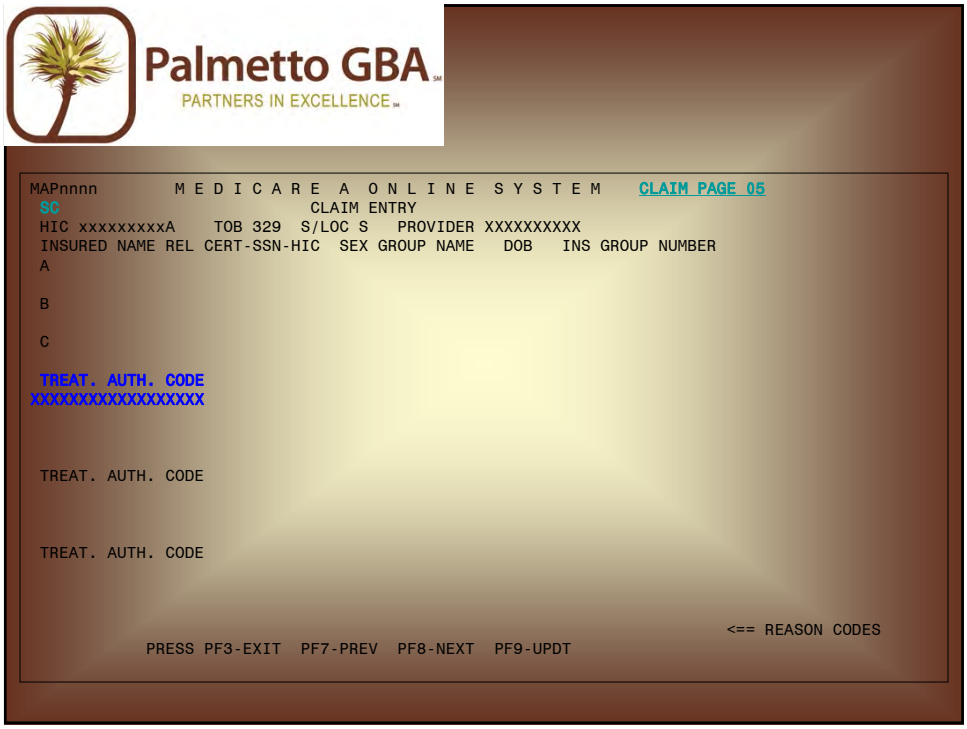
Page 3 – Required Field Locators

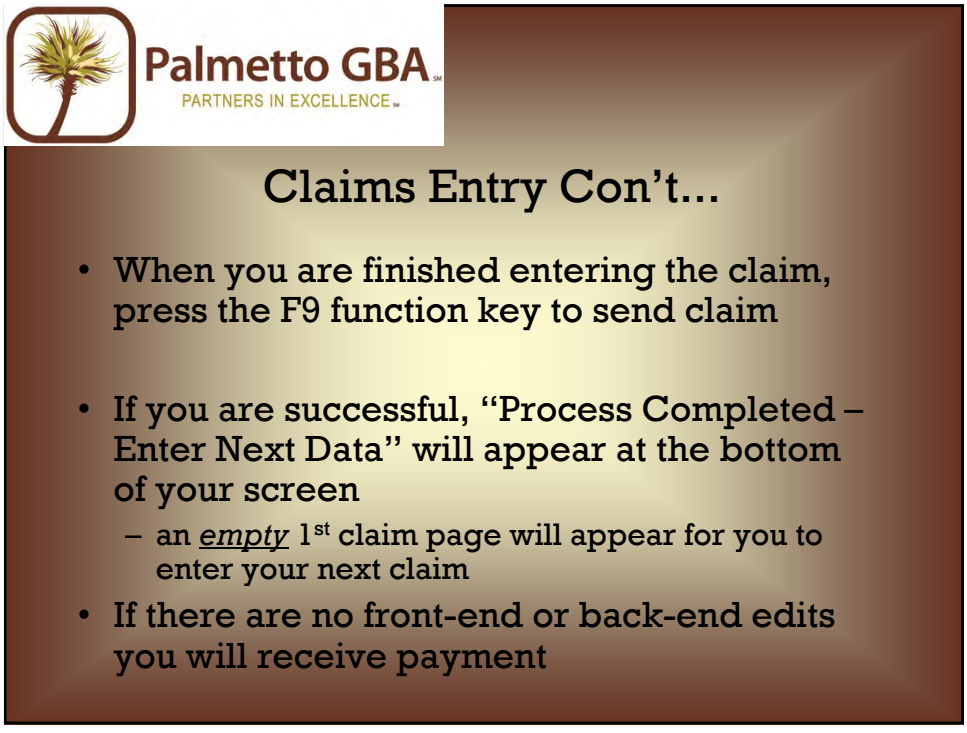
- **CD** = Payer Code – Enter Z on Line A
- **PAYER** = Medicare
- **OSCAR =** Provider/Legacy/PTAN Auto Displays
- **RI AB =** Release of Information Certification Indicator
  - Enter 'Y' under RI and AB
- **DIAGNOSIS CODES =** Enter all Diagnosis Codes that Apply
  - No decimal points

Page 3 – Required Field Locators

- **ATT PHYS** = Attending Physician
  - **LN** = Last Name
  - **FN =** First Name
  - **NPI** = National Provider Identifier
- **OTH PHYS** = Other Physician
  - **LN** = Last Name
  - **FN** = First Name
  - **NPI** = National Provider Identifier


MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
xx CLAIM ENTRY REMARK PAGE 01
HIC TOB S/LOC S PROVIDER
REMARKS ZIP:
Used by provider:
Communication to Palmetto GBA for anything unusual that you want the claims department to know, such as the reason for adjustment or cancellation of a claim
Used by Palmetto GBA
You may receive very important information from the claims department which may assist in the processing of your claim. Medical Review may also use this page to explain the reason for denial.
47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: ADJ REASONS: APPEALS:
< = = REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 05
SC CLAIM ENTRY
HIC xxxxxxxxA TOB 329 S/LOC S PROVIDER XXXXXXXXX
INSURED NAME REL CERT-SSN-HIC SEX GROUP NAME DOB INS GROUP NUMBER
A
B
C
TREAT. AUTH. CODE
XXXXXXXXXXXXXXXXX
TREAT. AUTH. CODE
TREAT. AUTH. CODE
<== REASON CODES
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT


Palmetto GBA
PARTNERS IN EXCELLENCE
Claims Entry Con't…
• When you are finished entering the claim, press the F9 function key to send claim
• If you are successful, "Process Completed – Enter Next Data" will appear at the bottom of your screen
– an *empty* 1st claim page will appear for you to enter your next claim
• If there are no front-end or back-end edits you will receive payment

Claims Entry

- If your claim does **not** transmit after pressing F9
  - You have errors
  - Look to the bottom left of your screen where you will see the reason codes
  - Follow the instructions for 'Corrections' later in this presentation
  - Once corrected - F9 again

Home Health Services To A Hospice Patient

- Condition Code '07' (zero seven)
- Remarks on claim page 4 explaining why home health is providing services to a hospice patient
  - Example: The HHA is providing physical therapy for a patient with terminal pulmonary disease because he/she has a broken hip. PT care is not related to the terminal illness.

Key Points - RAP

- Patient Status is **always** 30
- Enter on line 1 page 2 of claim
  - 0023 revenue code
  - HIPPS code
  - Date of first billable visit
  - No charges
  - Enter *only* 0001 revenue code on line 2

Key Points - RAP

- First Episode
  - All date fields must match
    - Admission date, From and To date, 0023 line date
- Subsequent Episodes
  - From and To date is the first date of the next episode
  - 0023 line date is the **FIRST BILLABLE** visit in the episode

Key Points - RAP

- **NO** MSP coding on a RAP
  - Even if you know Medicare is secondary
- **Reminder**
  - Home Health MSP final claims can no longer be entered, corrected or adjusted through DDE

Key Points – Final Claim

- *First* Episode
  - Admission date, 'From' date and 0023 line date will match
  - The 'To' date is the 60th day **OR** an earlier discharge date from the episode
    - If the 'To' date is before the 60th day, indicating an early discharge, **do not** use a status of '30'
  - A discipline revenue code **MUST** be present and the date **MUST** match the date on the 0023 line

Key Points – Final Claim

- *Subsequent* Episode
  - 'From' and 'To' date are the dates of episode
  - 0023 line date is the **FIRST BILLABLE** visit date
  - A discipline revenue code **MUST** be present and the date **MUST** match the date on the 0023 line
- No-RAP LUPA
  - Submitted the same as any other final claim

Claim Inquiries

Status/Location

- S/LOC = Status/Location of the claim
- **Know the Status and Location of your claims at all times**
  - Tells you what you can or cannot do to the claim
  - Alerts you to delays in reimbursement
- Description of all status and location codes may be found on Page 3 of DDE Manual

Status/Location

- Example: S/LOC = **T/B9997**
- First Position is Claims Current **Status**
  - 'T' status = Claim needs corrections
- Second Position is the **Claim Processing Type**
  - 'B' = claim is batch/electronic
  - 'M' = claim is manual
    - Medical review may be processing
- The Third and Fourth Positions are the **Location** of the Claim
- Last Two Positions are For Additional **Location** Information

Status Descriptions

- "S" status means the claim is still in process (no provider intervention can be made)
  - ALL incoming claims first go to the 'S' status
  - Cycling in CWF
  - In medical review
  - Wait for the claim to move to another status
  - Do NOT send another claim
  - Know how long the claim stays in 'S' status

Status Descriptions

- "P" status means the claim is completely processed
  - RAP can be cancelled
  - Final claim can be adjusted or cancelled
  - Auto cancelled RAP (TOB 328) can be re-submitted
- "D" status means the claim is completely processed and denied by medical review
  - Can NOT be adjusted or cancelled
  - CAN be appealed

Status Descriptions

- "R" status means the claim is completely processed and was rejected
  - Look at the reason code on the rejected claim and resubmit a NEW claim WITH corrections noted from the reason code

Status Descriptions

- "T" status (RTP) means
  - The claim has been **R**eturned **T**o **P**rovider for correction (RTP)
  - Correct this claim
  - Do NOT submit a new claim

Status Descriptions

- "I" status means the Intermediary has either inactivated OR specially processed your claim
  - *RTPs more than 60 days old and suppressed claims are moved to an "I B9997" status for 3 yrs then purged
  - A new claim may be submitted

Common Status and Location Codes (S/LOC)

P B9996	Payment Floor
P B9997	Paid/Processed Claim
P B7501	Post-Pay Review
P B7505	Post-Pay Review
R B9997	Claims Processing Rejection
D B9997	Medical Review Denial
T B9900	Daily Return to Provider (RTP) Claim – Not yet accessible to provider to correct
T B9997	RTP Claim – Claim may be accessed and corrected through the Claim and Attachments Corrections Menu (Main Menu Option 03)

Common Status and Location Codes (S/LOC)

S B0100	Beginning of the FISS batch process
S B6000	Claims awaiting the creation of an Additional Development Request (ADR) letter
S B6001	Claims awaiting a provider response to an ADR letter ➢Do not press F9 on these claims because the FISS will generate another ADR
S B9000	Claims ready to go to a Common Working File (CWF) Host Site
S B9099	Claims awaiting a response from a CWF Host Site
S M0nnn	Suspended claims/adjustments requiring Palmetto GBA staff Intervention (the "n" denotes a variety of FISS location codes)

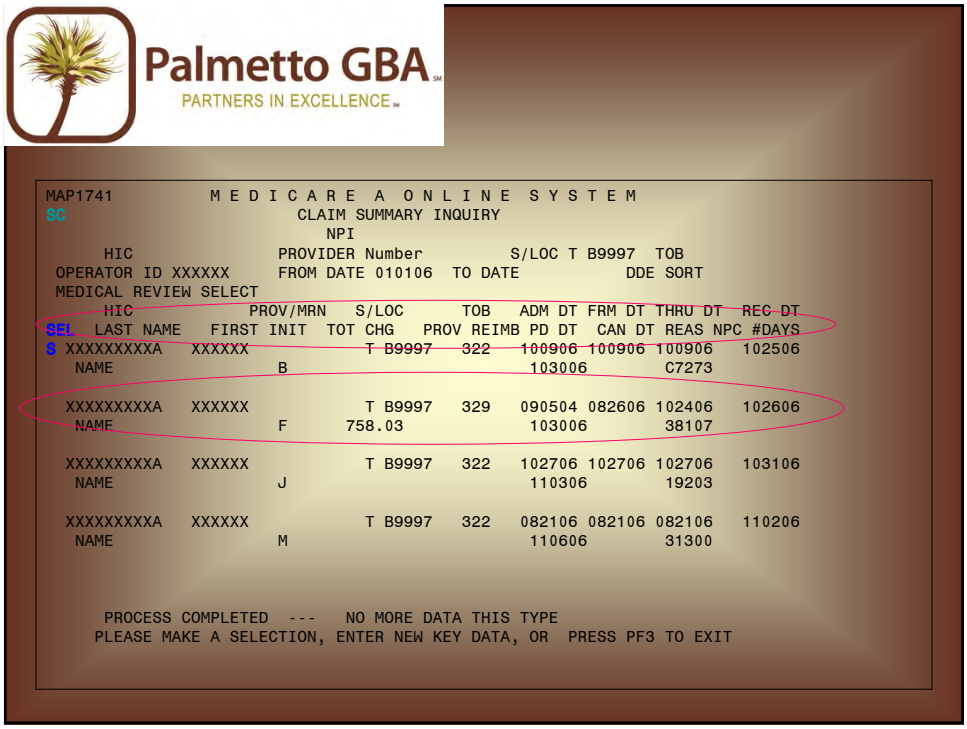
Main Menu

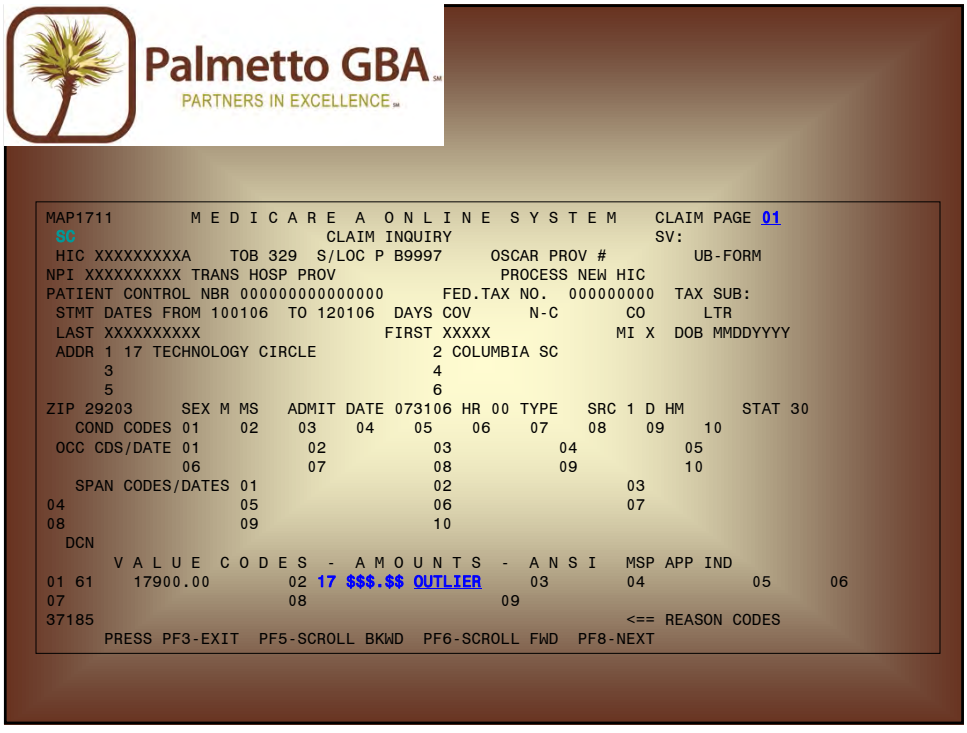
```
MAP1701                        PALMETTO  GBA
                    MAIN MENU FOR REGION A6504A9P

                        01    INQUIRIES

                        02    CLAIMS/ATTACHMENTS

                        03    CLAIMS CORRECTION

                        04    ONLINE REPORTS VIEW




  ENTER MENU SELECTION: 01


   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Claims Inquiries

```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)

    BENEFICIARY/CWF          10              HCPC CODES              14
    DRG (PRICER/GROUPER)     11              DX/PROC CODES           15
    CLAIMS                   12              ADJUSTMENT REASON CODES 16
    REVENUE CODES            13              REASON CODES            17
    CLAIM COUNT SUMMARY      56              ANSI REASON CODES       68
    CHECK HISTORY            FI              ZIP Code File           19


ENTER MENU SELECTION:  12
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

```
MAPnnnn          M E D I C A R E  A  O N L I N E  S Y S T E M
 SC                        CLAIM SUMMARY INQUIRY
                              NPI
      HIC                PROVIDER                S/LOC          TOB
  OPERATOR ID XXXXXXXX   FROM DATE          TO DATE            DDE SORT
  MEDICAL REVIEW SELECT
       HIC              PROV/MRN    S/LOC      TOB   ADM DT FRM DT THRU DT  REC DT
 SEL  LAST NAME    FIRST INIT  TOT CHG   PROV REIMB PD DT  CAN DT REAS NPC #DAYS




    PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
 PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD
```


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC PROVIDER Number S/LOC T B9997 TOB
OPERATOR ID XXXXXX FROM DATE 010106 TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX T B9997 322 100906 100906 100906 102506
NAME B 103006 C7273
XXXXXXXXXA XXXXXX T B9997 329 090504 082606 102406 102606
NAME F 758.03 103006 38107
XXXXXXXXXA XXXXXX T B9997 322 102706 102706 102706 103106
NAME J 110306 19203
XXXXXXXXXA XXXXXX T B9997 322 082106 082106 082106 110206
NAME M 110606 31300
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC CLAIM INQUIRY SV:
HIC XXXXXXXXXA TOB 329 S/LOC P B9997 OSCAR PROV # UB-FORM
NPI XXXXXXXXX TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 100106 TO 120106 DAYS COV N-C CO LTR
LAST XXXXXXXXX FIRST XXXXX MI X DOB MMDDYYYY
ADDR 1 17 TECHNOLOGY CIRCLE 2 COLUMBIA SC
3 4
5 6
ZIP 29203 SEX M MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 17900.00 02 17 $$$.$$ OUTLIER 03 04 05 06
07 08 09
37185 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT

Monitor Additional Development Requests (ADR'S)

- To see the *total number of claims* in ADR status:
  - At main menu select 01 for inquiry
  - Select 56 for Claims Count Summary
  - Tab to the S/LOC field and enter SB6001
  - Status/location SB6001 will show the total number of claims in ADR status

Monitor ADRs Via DDE

- **To view *individual claims* in ADR status:**
  - At Main Menu select 01 for inquiry
  - Select 12 for claims sub-menu
  - Tab to the S/LOC field and enter SB6001
  - To view/print ADR letter, select the claim and press enter
  - The ADR letter follows claim page 6
  - **DO NOT** press the F9 key while in these claims; it may generate another ADR

Claim Count Summary

```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)


   BENEFICIARY/CWF          10              HCPC CODES               14

   DRG (PRICER/GROUPER)     11              DX/PROC CODES            15

   CLAIMS                   12              ADJUSTMENT REASON CODES  16

   REVENUE CODES            13              REASON CODES             17

   CLAIM COUNT SUMMARY      56              ANSI REASON CODES        68

   CHECK HISTORY            FI              ZIP Code File            19



ENTER MENU SELECTION:  56
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

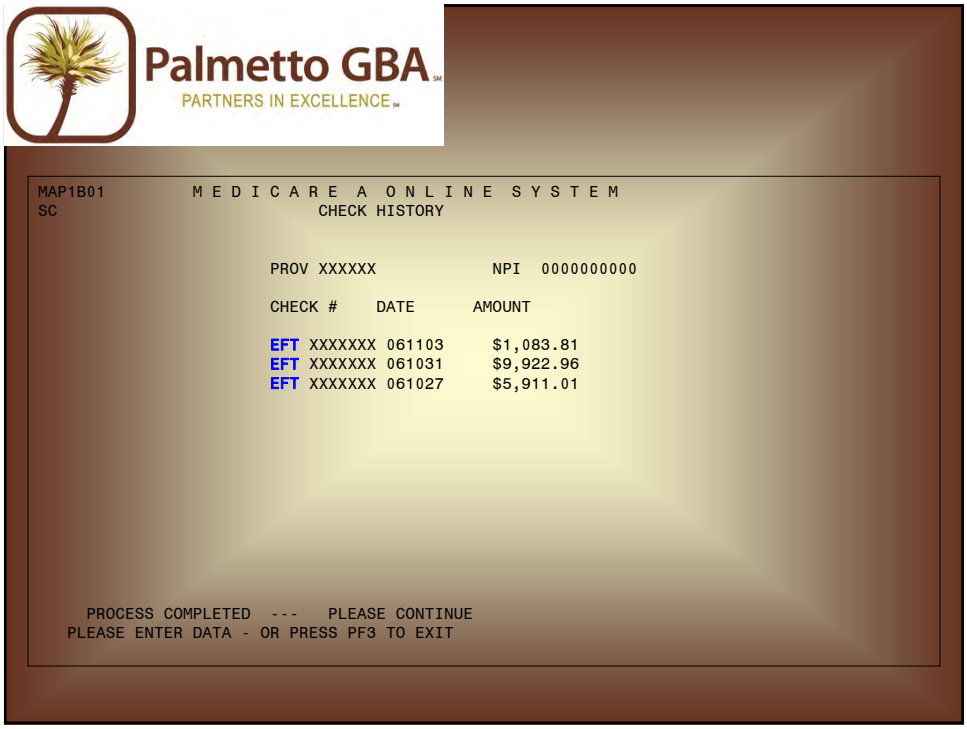
```
MAP1371          M E D I C A R E   A   O N L I N E   S Y S T E M
SC                  CLAIM SUMMARY TOTALS INQUIRY

      PROVIDER                  S/LOC          CAT
      NPI
  S/LOC      CAT    CLAIM COUNT    TOTAL CHARGES    TOTAL PAYMENT
             GT           46           71,451.77         18,795.34
P B9996      AD            2              00.00          1,985.58
P B9996      TC            8            7,925.00         18,795.34
P B9996      32            5            3,450.00          9,751.79
P B9996      33            3            4,475.00          9,043.55
S B90M1      TC            1            1,725.00             00.00
S B90M1      33            1            1,725.00             00.00
S B9000      AD            1              00.00              00.00
S B9000      TC            3            6,925.00             00.00
S B9000      32            1              00.00              00.00
S B9000      33            2            6,925.00             00.00
S B9099      TC            2            4,050.00             00.00
S B9099      32            2            4,050.00             00.00
T B9997      NM           32           50,826.77             00.00
T B9997      TC           32           50,826.77             00.00
T B9997      32           32           50,826.77             00.00
      PROCESS COMPLETED  ---   PLEASE CONTINUE
  PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

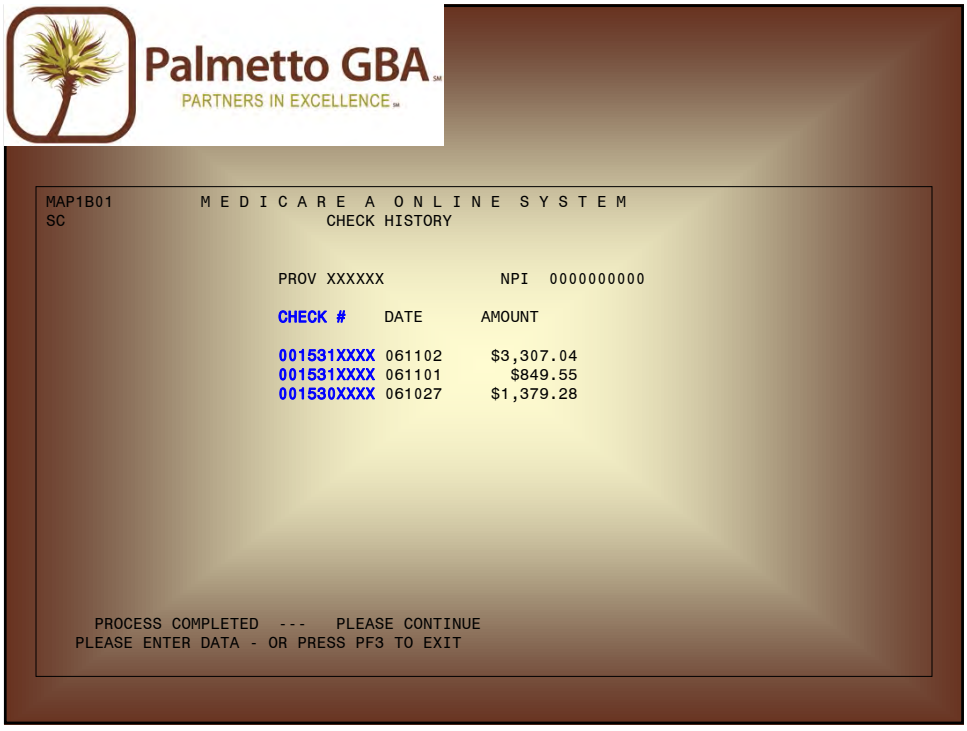
Categories

- GT – Grand Total of all categories/all S/LOC
- TC – Total Count within each Status/Loc
- AD – Adjustments within each Status/Loc
- MP – Medical Policy (RTPs where first digit of the primary reason code **is** a 5)
- NM – Non-Medical (RTPs where first digit of the primary reason code is **NOT** a 5)

Check History Screen

```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)


   BENEFICIARY/CWF          10          HCPC CODES                14
   DRG (PRICER/GROUPER)     11          DX/PROC CODES             15
   CLAIMS                   12          ADJUSTMENT REASON CODES   16
   REVENUE CODES            13          REASON CODES              17
   CLAIM COUNT SUMMARY      56          ANSI REASON CODES         68
   CHECK HISTORY            FI          ZIP Code File             19



ENTER MENU SELECTION:  FI
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1B01 M E D I C A R E A O N L I N E S Y S T E M
SC CHECK HISTORY
PROV XXXXXX NPI 0000000000
CHECK # DATE AMOUNT
EFT XXXXXXX 061103 $1,083.81
EFT XXXXXXX 061031 $9,922.96
EFT XXXXXXX 061027 $5,911.01
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1B01 M E D I C A R E A O N L I N E S Y S T E M
SC CHECK HISTORY
PROV XXXXXX NPI 0000000000
CHECK # DATE AMOUNT
001531XXXX 061102 $3,307.04
001531XXXX 061101 $849.55
001530XXXX 061027 $1,379.28
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

HCPC Codes

```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)

   BENEFICIARY/CWF          10          HCPC CODES              14
   DRG (PRICER/GROUPER)     11          DX/PROC CODES           15
   CLAIMS                   12          ADJUSTMENT REASON CODES 16
   REVENUE CODES            13          REASON CODES            17
   CLAIM COUNT SUMMARY      56          ANSI REASON CODES       68
   CHECK HISTORY            FI          ZIP Code File           19



ENTER MENU SELECTION:  14
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

HCPC Codes

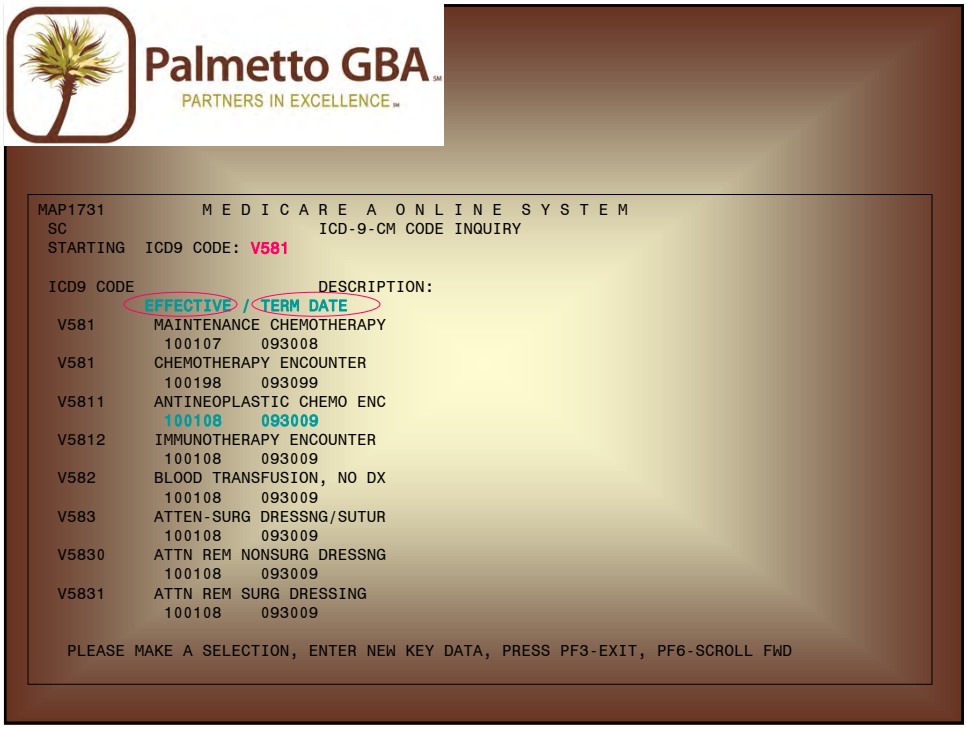
- Enter Code to receive a description
- Then…
  - To receive a reimbursement rate based on the location of your computer
    - Press the **F11** key
- Rates may also be checked by visiting
  - **www.cms.hhs.gov/PFSlookup/**
    - Select physician fee schedule search

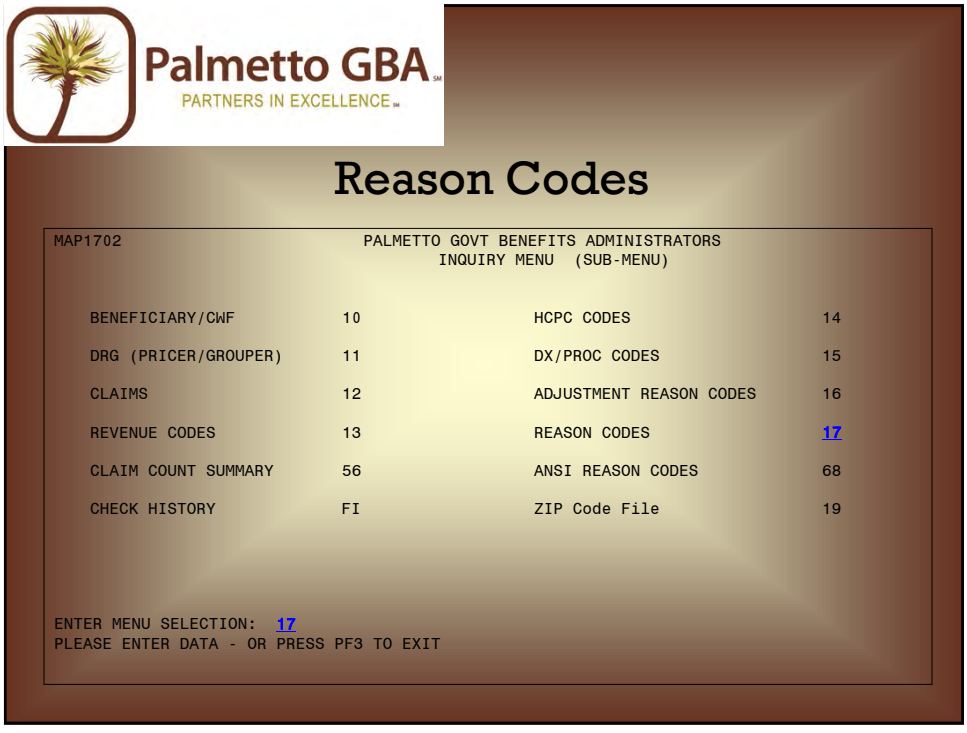
DX/PROC Codes

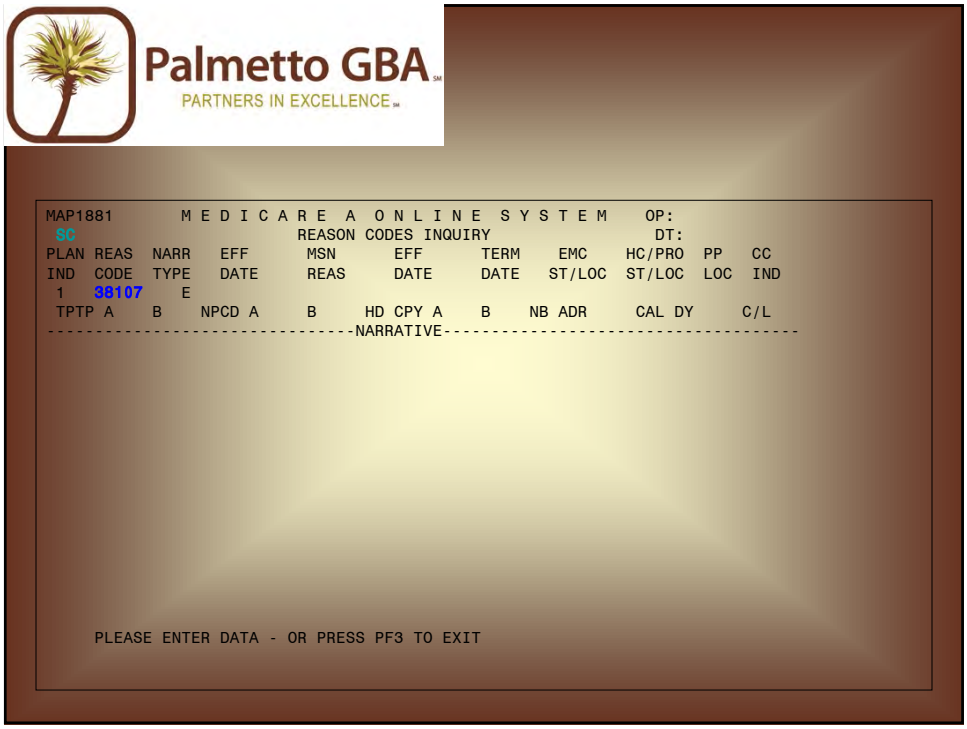
```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)

   BENEFICIARY/CWF          10          HCPC CODES                14
   DRG (PRICER/GROUPER)     11          DX/PROC CODES             15
   CLAIMS                   12          ADJUSTMENT REASON CODES   16
   REVENUE CODES            13          REASON CODES              17
   CLAIM COUNT SUMMARY      56          ANSI REASON CODES         68
   CHECK HISTORY            FI          ZIP Code File             19


ENTER MENU SELECTION:  15
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

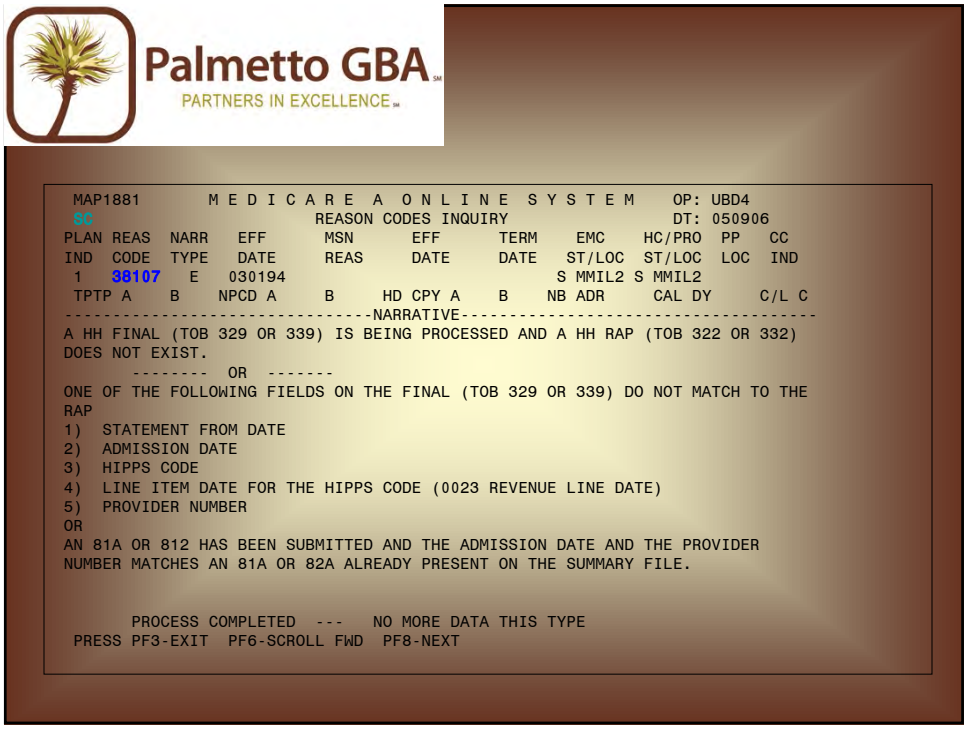
15 - DX/PROC CODES

- For **incorrect** ICD-9 Codes
  - Enter the **incorrect** code and 'ENTER'
  - Correct codes will appear
  - Select a correct **current** code
    - F5 or F6 to view more codes


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1731 M E D I C A R E A O N L I N E S Y S T E M
SC ICD-9-CM CODE INQUIRY
STARTING ICD9 CODE: V581
ICD9 CODE DESCRIPTION:
EFFECTIVE / TERM DATE
V581 MAINTENANCE CHEMOTHERAPY
100107 093008
V581 CHEMOTHERAPY ENCOUNTER
100198 093099
V5811 ANTINEOPLASTIC CHEMO ENC
100108 093009
V5812 IMMUNOTHERAPY ENCOUNTER
100108 093009
V582 BLOOD TRANSFUSION, NO DX
100108 093009
V583 ATTEN-SURG DRESSNG/SUTUR
100108 093009
V5830 ATTN REM NONSURG DRESSNG
100108 093009
V5831 ATTN REM SURG DRESSING
100108 093009
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
Reason Codes
MAP1702 PALMETTO GOVT BENEFITS ADMINISTRATORS
INQUIRY MENU (SUB-MENU)
BENEFICIARY/CWF 10
DRG (PRICER/GROUPER) 11
CLAIMS 12
REVENUE CODES 13
CLAIM COUNT SUMMARY 56
CHECK HISTORY FI
HCPC CODES 14
DX/PROC CODES 15
ADJUSTMENT REASON CODES 16
REASON CODES 17
ANSI REASON CODES 68
ZIP Code File 19
ENTER MENU SELECTION: 17
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1881 M E D I C A R E A O N L I N E S Y S T E M OP:
SC REASON CODES INQUIRY DT:
PLAN REAS NARR EFF MSN EFF TERM EMC HC/PRO PP CC
IND CODE TYPE DATE REAS DATE DATE ST/LOC ST/LOC LOC IND
1 38107 E
TPTP A B NPCD A B HD CPY A B NB ADR CAL DY C/L
NARRATIVE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

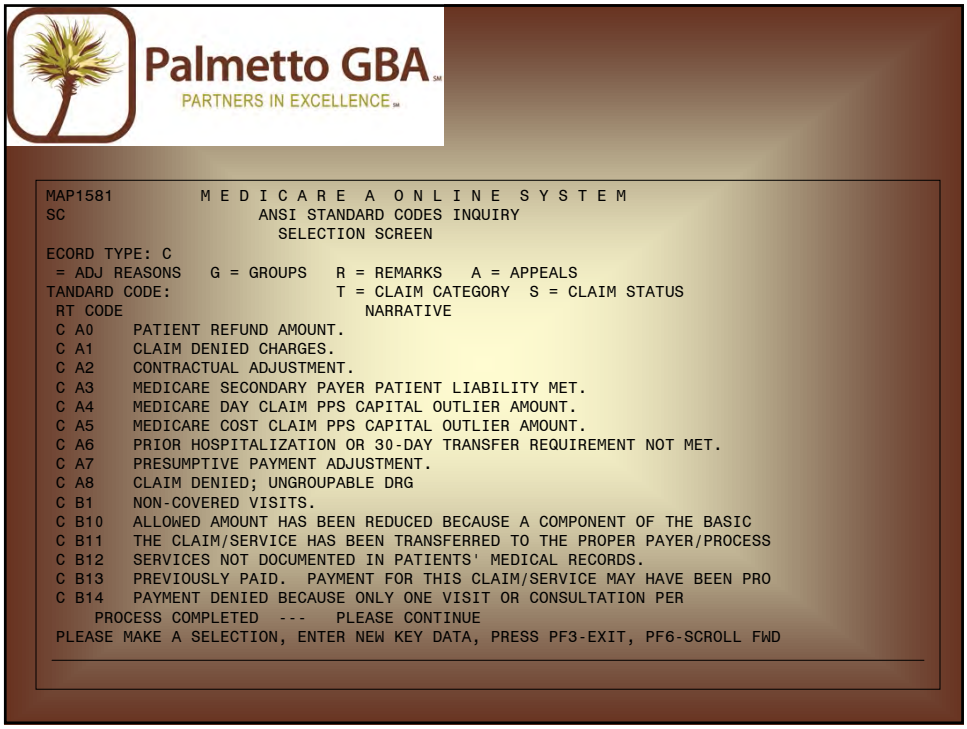

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1881 M E D I C A R E A O N L I N E S Y S T E M OP: UBD4
SC REASON CODES INQUIRY DT: 050906
PLAN REAS NARR EFF MSN EFF TERM EMC HC/PRO PP CC
IND CODE TYPE DATE REAS DATE DATE ST/LOC ST/LOC LOC IND
1 38107 E 030194 S MMIL2 S MMIL2
TPTP A B NPCD A B HD CPY A B NB ADR CAL DY C/L C
NARRATIVE
A HH FINAL (TOB 329 OR 339) IS BEING PROCESSED AND A HH RAP (TOB 322 OR 332)
DOES NOT EXIST.
-------- OR -------
ONE OF THE FOLLOWING FIELDS ON THE FINAL (TOB 329 OR 339) DO NOT MATCH TO THE
RAP
1) STATEMENT FROM DATE
2) ADMISSION DATE
3) HIPPS CODE
4) LINE ITEM DATE FOR THE HIPPS CODE (0023 REVENUE LINE DATE)
5) PROVIDER NUMBER
OR
AN 81A OR 812 HAS BEEN SUBMITTED AND THE ADMISSION DATE AND THE PROVIDER
NUMBER MATCHES AN 81A OR 82A ALREADY PRESENT ON THE SUMMARY FILE.
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT

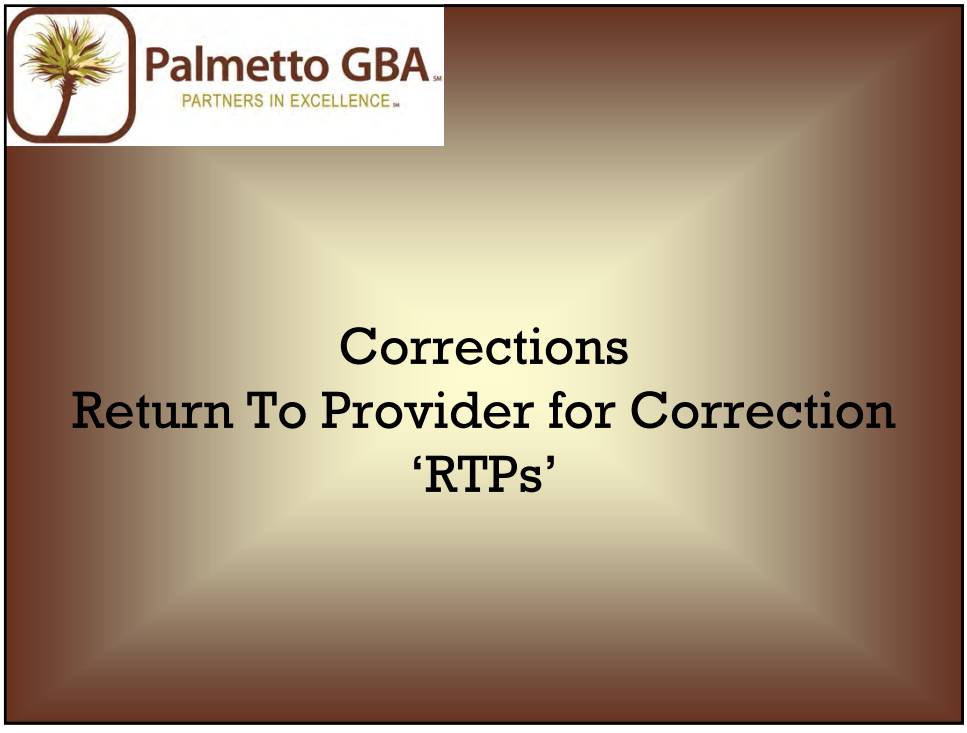
ANSI Reason Codes

```
MAP1702                          PALMETTO GOVT BENEFITS ADMINISTRATORS
                                        INQUIRY MENU  (SUB-MENU)

   BENEFICIARY/CWF          10          HCPC CODES                14
   DRG (PRICER/GROUPER)     11          DX/PROC CODES             15
   CLAIMS                   12          ADJUSTMENT REASON CODES   16
   REVENUE CODES            13          REASON CODES              17
   CLAIM COUNT SUMMARY      56          ANSI REASON CODES         68
   CHECK HISTORY            FI          ZIP Code File             19


ENTER MENU SELECTION:  68
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

ANSI Reason Codes (**A**merican **N**ational **S**tandards **I**nstitute)

- These codes are found on your remittance advice
- You can press enter and it will show all ANSI reason codes if you are not looking for a specific one

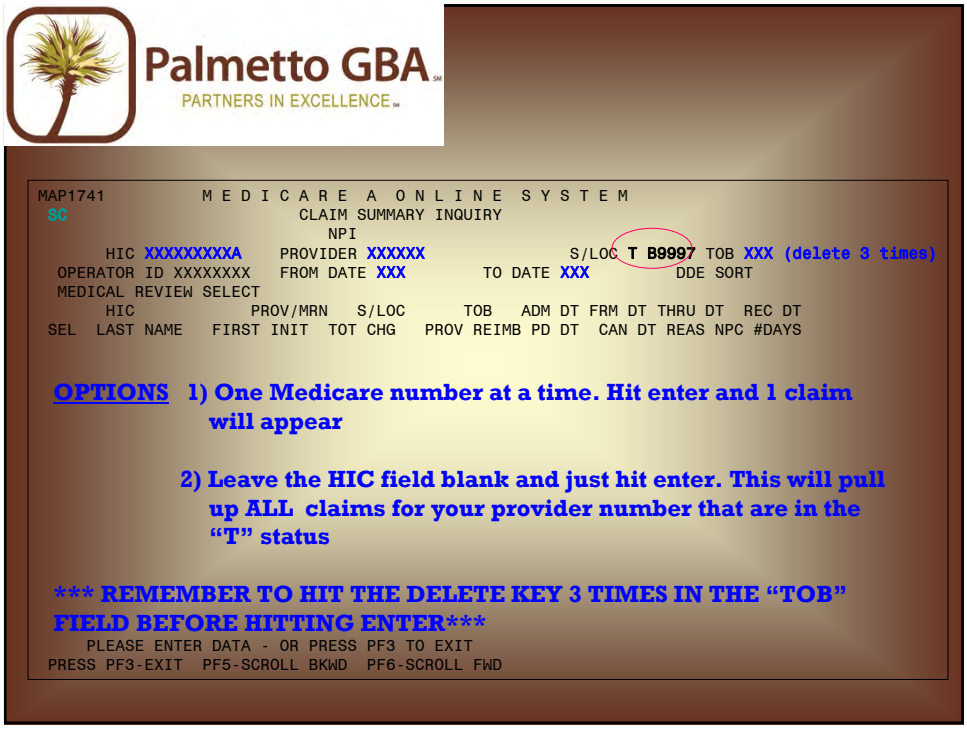

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1581 M E D I C A R E A O N L I N E S Y S T E M
SC ANSI STANDARD CODES INQUIRY
SELECTION SCREEN
ECORD TYPE: C
= ADJ REASONS G = GROUPS R = REMARKS A = APPEALS
TANDARD CODE: T = CLAIM CATEGORY S = CLAIM STATUS
RT CODE NARRATIVE
C A0 PATIENT REFUND AMOUNT.
C A1 CLAIM DENIED CHARGES.
C A2 CONTRACTUAL ADJUSTMENT.
C A3 MEDICARE SECONDARY PAYER PATIENT LIABILITY MET.
C A4 MEDICARE DAY CLAIM PPS CAPITAL OUTLIER AMOUNT.
C A5 MEDICARE COST CLAIM PPS CAPITAL OUTLIER AMOUNT.
C A6 PRIOR HOSPITALIZATION OR 30-DAY TRANSFER REQUIREMENT NOT MET.
C A7 PRESUMPTIVE PAYMENT ADJUSTMENT.
C A8 CLAIM DENIED; UNGROUPABLE DRG
C B1 NON-COVERED VISITS.
C B10 ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC
C B11 THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESS
C B12 SERVICES NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS.
C B13 PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PRO
C B14 PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD

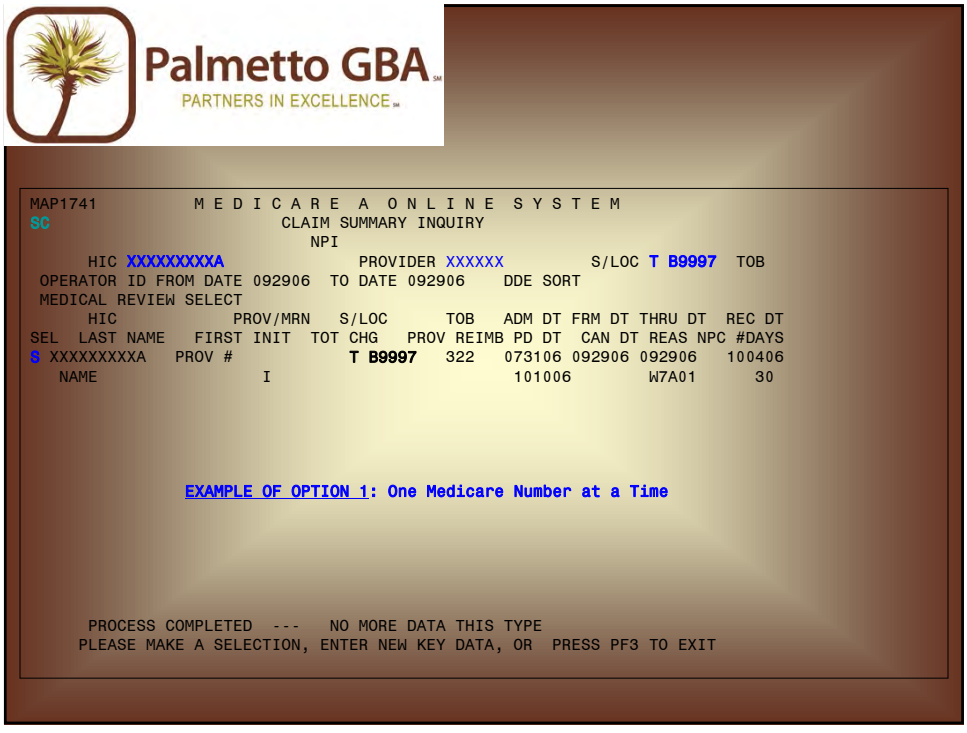

Palmetto GBA
PARTNERS IN EXCELLENCE
Corrections
Return To Provider for Correction
'RTPs'

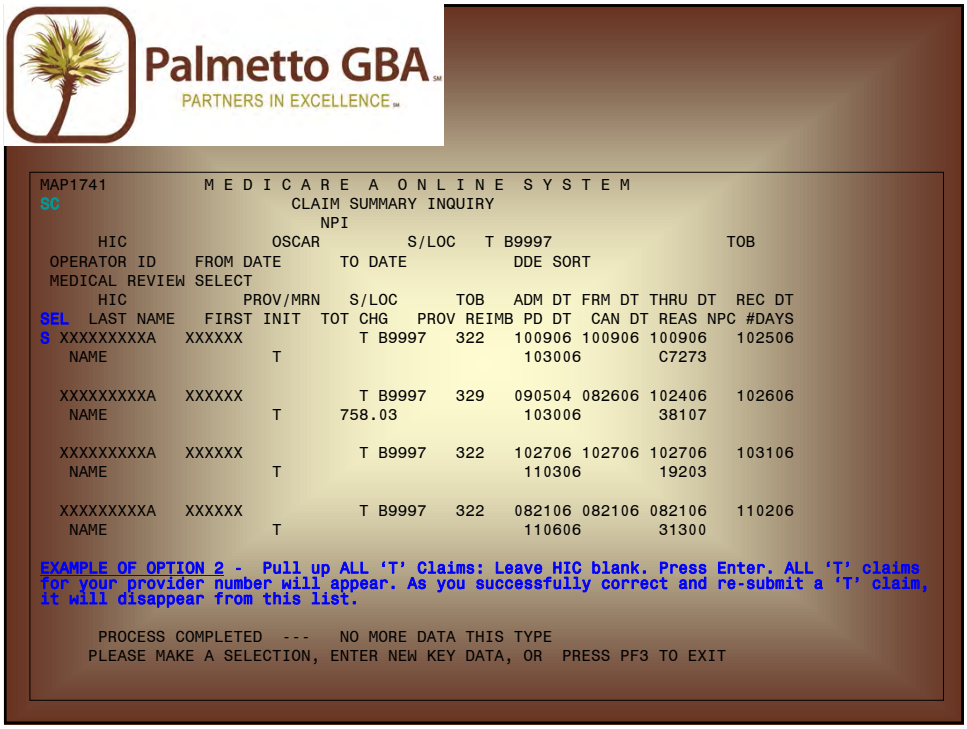
Main Menu – Claims Correction

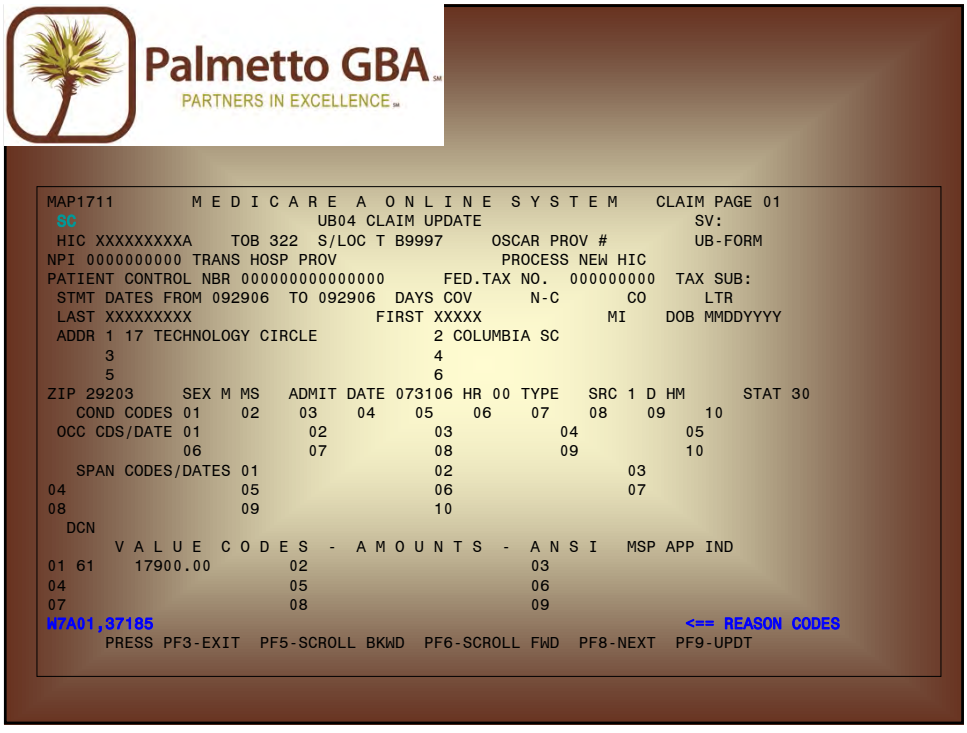
```
MAP1701                      PALMETTO  GBA
                    MAIN MENU FOR REGION A6504A9P


                       01    INQUIRIES

                       02    CLAIMS/ATTACHMENTS

                       03    CLAIMS CORRECTION

                       04    ONLINE REPORTS VIEW




  ENTER MENU SELECTION: 03


   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

```
MAP1704              PALMETTO GOVT BENEFITS ADMINISTRATORS
                     CLAIM AND ATTACHMENTS CORRECTION MENU

                              CLAIMS CORRECTION
                     INPATIENT                    21
                     OUTPATIENT                   23
                     SNF                          25
                     HOME HEALTH                  27
                     HOSPICE                      29
                              CLAIM ADJUSTMENTS   CANCELS
                     INPATIENT                    30        50
                     OUTPATIENT                   31        51
                     SNF                          32        52
                     HOME HEALTH                  33        53
                     HOSPICE                      35        55
                              ATTACHMENTS
                     PACEMAKER                    42
                     AMBULANCE                    43
                     THERAPY                      44
                     HOME HEALTH                  45


ENTER MENU SELECTION:  27

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXA PROVIDER XXXXXX S/LOC T B9997 TOB XXX (delete 3 times)
OPERATOR ID XXXXXXXX FROM DATE XXX TO DATE XXX DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
OPTIONS 1) One Medicare number at a time. Hit enter and 1 claim will appear
2) Leave the HIC field blank and just hit enter. This will pull up ALL claims for your provider number that are in the "T" status
*** REMEMBER TO HIT THE DELETE KEY 3 TIMES IN THE "TOB" FIELD BEFORE HITTING ENTER***
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXA PROVIDER XXXXXX S/LOC T B9997 TOB
OPERATOR ID FROM DATE 092906 TO DATE 092906 DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXA PROV # T B9997 322 073106 092906 092906 100406
NAME I 101006 W7A01 30
EXAMPLE OF OPTION 1: One Medicare Number at a Time
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC OSCAR S/LOC T B9997 TOB
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX T B9997 322 100906 100906 100906 102506
NAME T 103006 C7273
XXXXXXXXXA XXXXXX T B9997 329 090504 082606 102406 102606
NAME T 758.03 103006 38107
XXXXXXXXXA XXXXXX T B9997 322 102706 102706 102706 103106
NAME T 110306 19203
XXXXXXXXXA XXXXXX T B9997 322 082106 082106 082106 110206
NAME T 110606 31300
EXAMPLE OF OPTION 2 - Pull up ALL 'T' Claims: Leave HIC blank. Press Enter. ALL 'T' claims for your provider number will appear. As you successfully correct and re-submit a 'T' claim, it will disappear from this list.
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC UB04 CLAIM UPDATE SV:
HIC XXXXXXXXXA TOB 322 S/LOC T B9997 OSCAR PROV # UB-FORM
NPI 0000000000 TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 092906 TO 092906 DAYS COV N-C CO LTR
LAST XXXXXXXXX FIRST XXXXX MI DOB MMDDYYYY
ADDR 1 17 TECHNOLOGY CIRCLE 2 COLUMBIA SC
3 4
5 6
ZIP 29203 SEX M MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 17900.00 02 03
04 05 06
07 08 09
W7A01,37185 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT

Look Up Reason Code

- F1 from any Claim Page
  - F1 is a 'fast track' to sub-category 17 Reason Codes
  - Automatically displays the **first** reason code at the bottom of your claim page
    - Write down subsequent reason codes if there are any
  - Type in subsequent reason codes after viewing the first reason code

```
MAP1881        M E D I C A R E   A   O N L I N E   S Y S T E M     OP: UB03
 SC                          REASON CODES INQUIRY                   DT: 040704
PLAN REAS  NARR   EFF      MSN      EFF      TERM     EMC    HC/PRO  PP   CC
IND  CODE  TYPE   DATE     REAS     DATE     DATE   ST/LOC  ST/LOC  LOC  IND
 1   W7A01   E   080100                              T       S M1501
 TPTP A    B    NPCD A     B     HD CPY A    B    NB ADR     CAL DY     C/L C
--------------------------------NARRATIVE-------------------------------------
THE OPPS VERSION OF OCE HAS DETECTED AN ERROR IN THE 1ST DIAGNOSIS CODE.




      PROCESS COMPLETED  ---   NO MORE DATA THIS TYPE
 PRESS PF3-EXIT  PF6-SCROLL FWD  PF8-NEXT
```

Palmetto GBA
PARTNERS IN EXCELLENCE

F3 Back To The Claim

Palmetto GBA
PARTNERS IN EXCELLENCE

```
MAP1713          M E D I C A R E  A  O N L I N E  S Y S T E M     CLAIM PAGE 03
SC 15                        UB04 CLAIM UPDATE
HIC xxxxxxxxxA    TOB 322  S/LOC T B9997  PROVIDER xxxxxx
                                                      OFFSITE ZIPCD:
 CD  ID    PAYER                    OSCAR        RI AB  PRIOR PAY  EST AMT DUE
A Z       MEDICARE                  PROV #        Y Y         0.00        0.00
B                                                             0.00        0.00
C                                                             0.00        0.00
DUE FROM PATIENT        0.00        0.00

MEDICAL RECORD NBR 000000000000000    COST RPT DAYS      NON COST RPT DAYS
DIAGNOSIS CODES  1 V5830   2 9190    3 45932   4 4280     5 72887
                 6 V1302   7         8         9
ADMITTING DIAGNOSIS           E CODE           HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES  1                2
 3                4                5                6

ESRD HOURS 00  ADJUSTMENT REASON CODE     REJECT CODE        NONPAY CODE
ATT PHYS DXXXXX NPI XXXXXXXXXX    LN XXXXXXX             FN XXX       MI
OPR PHYS        NPI 0000000000    LN                     FN           MI
OTH PHYS        NPI 0000000000    LN                     FN           MI
7A01                                                       <== REASON CODES
          PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

Sub-Category

- 'SC' top left corner of every claim page
  - Think of it as a "**S**hort **C**ut"
- Put your Cursor next to 'SC'
  - Type any 2 numbers from the **Inquiries** sub menu
  - Enter
  - F3 back to the claim
  - You do NOT have to back out to the main menu and you have NOT lost your claim

Sub-Category

- Especially useful when making corrections
- Example:
  - Reason code indicates wrong ICD-9 code
  - Type '15' (DX/PROC Codes) in SC and enter
  - Type the *wrong ICD-9 code and <Enter>*
  - Find a correct ICD-9 code
  - F3 back to the claim
  - Fix the diagnosis code
  - F9 to send the claim

Summary

- Now you can see how valuable the 'SC' on each claim page is, especially when correcting claims
- No need to back out to the Main Menu
- You can also see how valuable the F3 key is because it allows you to "toggle" back and forth from your claim to any Sub-Category WITHOUT LOOSING your claim

Correcting Revenue Code Lines

Palmetto GBA
PARTNERS IN EXCELLENCE

```
MAP1712        M E D I C A R E   A   O N L I N E   S Y S T E M   CLAIM PAGE 02
SC                          UB04 CLAIM INQUIRY                 REV CD PAGE 01

HIC XXXXXXXXXA    TOB 329  S/LOC T B9997  PROVIDER XXXXXXXXXX

                                    TOT    COV
CL   REV  HCPC MODIFS       RATE UNIT   UNIT  TOT CHARGE NCOV CHARGE SERV DT
 1 0023 1AFL2                    60       60     1822.18              101206
 2 0550 G0154                     4        4      150.00              101206
 3 0550 G0154                     4        4      150.00              101606
 4 0550 G0154                     4        4      150.00              101806
 5 0550 G0154                     4        4      150.00              102006
 6 0550 G0154                     4        4      150.00              102406
 7 0550 G0154                     4        4      150.00              102606
 8 0570 G0156                     4        4      150.00              101406
 9 0570 G0156                     4        4      150.00              101606
10 0570 G0156                     4        4      150.00              101806
11 0570 G0156                     4        4      150.00              102006
12 0570 G0156                     4        4      150.00              102306
13 0570 G0156                     4        4      150.00              102506
14 0001                                       1800.00

7186                                                      <== REASON CODES
    PRESS PF2-171D  PF3-EXIT  PF5-UP  PF6 DOWN  PF7-PREV  PF8-NEXT  PF11-RIGHT
```

MAKE CORRECTIONS

Palmetto GBA
PARTNERS IN EXCELLENCE

Delete an Entire Revenue Code Line

- **[TAB]** to the line to be deleted and type the letter "**D**" over the first position of the Revenue Code
- Press **[HOME]** to go to the Page Number field. Press **[ENTER]**. The line will be deleted.
- Add up the individual line items and correct the total charge amount on Revenue Code line (0001)
  - **Use the same process as above for deleting the 0001 Revenue Code Line**
  - **Then Re-enter the 0001 Revenue Code Line**

To Add a Revenue Code Line

- **[TAB]** to the line below the total line (0001 Revenue Code).
- Type the new Revenue Code information.
- Press [**HOME]** to go to the Page Number field. Press [**ENTER]**. The system will resort the Revenue Codes into numerical order.
- **Correct the total charge amount of Revenue Code Line (0001) using the same process as previous slide.

Change Charges on a Revenue Code Line

- **[TAB]** to the line to be changed and type the letter "**D**" over the first position of the Revenue Code.
- Press **[HOME]** to go to the Page Number field. Press **[ENTER]**. The line will be deleted.
- **[Tab]** to the line below the total line (0001 Revenue Code).
- Type the new Revenue Code information.
- Press **[HOME]** to go to the Page Number field. Press **[ENTER]**. The system will resort the Revenue Codes into numerical order.
- **Correct the total charge amount of Revenue Code Line (0001) using the same process as previous slides.

Now What?

- F9 the claim once you are *completely finished* with your corrections
  - 'Process Completed – Enter Next Data'
    - Corrected claim has returned to the Medicare claims system
  - If claim does NOT transmit
    - Check reason codes bottom left of claim
    - Repeat corrections process
    - F9 again

Corrections Summary

- Select 03 Corrections from main menu
- Select 27 Home Health
- T B9997 will appear in the S/LOC field
- Either enter one Medicare number **OR** leave HICN field blank
  - Leaving the HIC field blank allows you to pull up ALL claims in the 'T' status for your provider number

Corrections Summary

- Make sure PTAN/NPI is present
- Tab over to 'TOB' and hit the delete key 3 times
- Enter
- Tab down and type an "S" next to the claim you want to select and correct
- Make the correction(s)

Corrections Summary

- Once the correction (s) is made F9 to update
- If the claim is fixed it will go
- You will now be able to enter another Medicare number **OR** select the next claim in 'T' status that needs corrected
- If the claim is not fixed, you will be given more reason codes

Palmetto GBA
PARTNERS IN EXCELLENCE

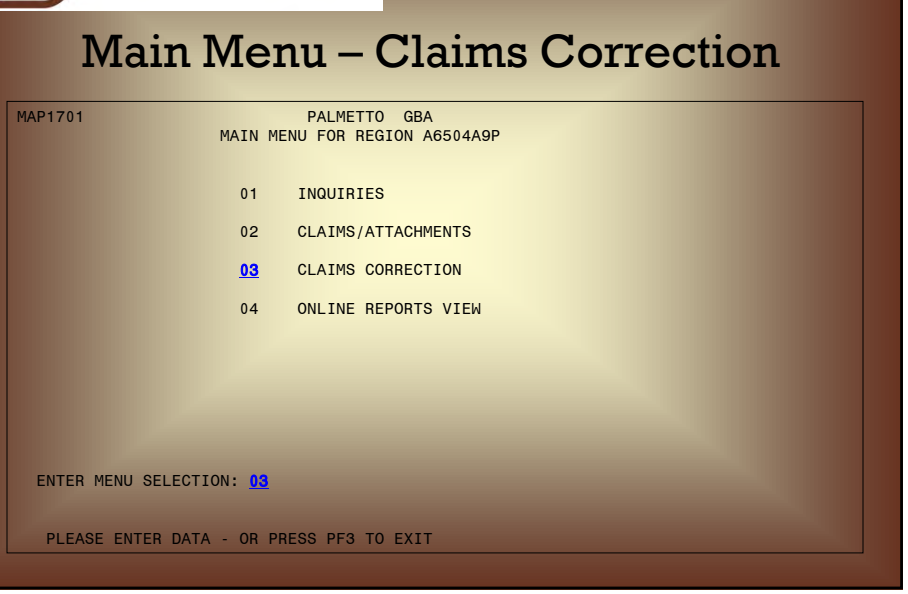
Correcting a wrong Medicare Number (HIC)

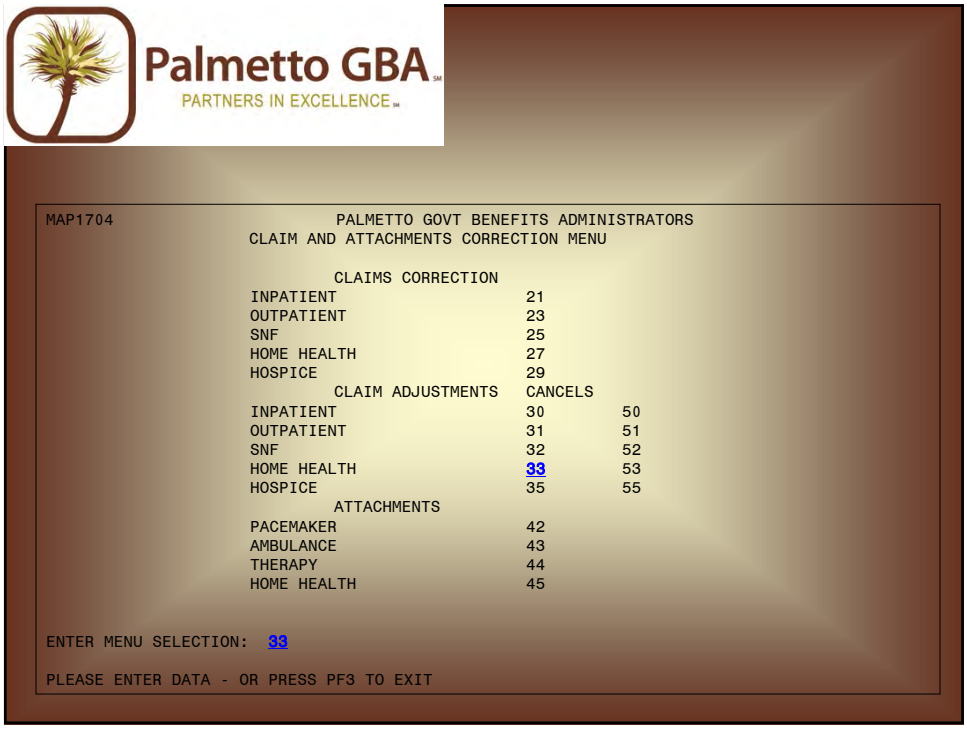
Palmetto GBA
PARTNERS IN EXCELLENCE

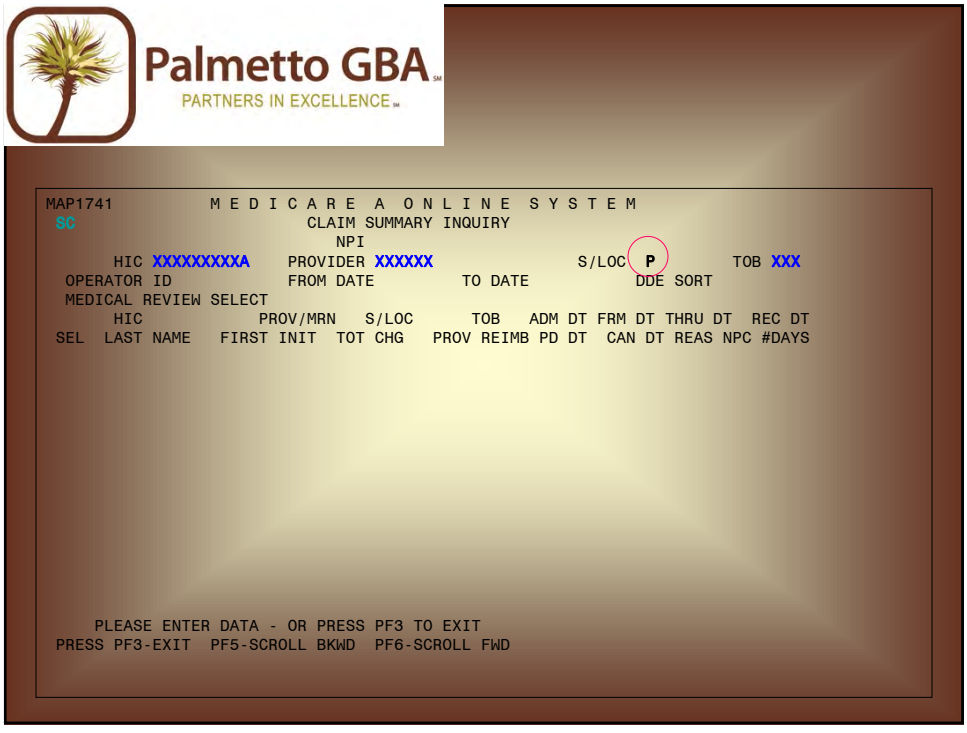
```
MAP1711        M E D I C A R E  A  O N L I N E  S Y S T E M    CLAIM PAGE 01
 SC                          CLAIM INQUIRY                     SV:
 HIC XXXXXXXXXA    TOB 322  S/LOC T B9997     OSCAR PROV #         UB-FORM
NPI 0000000000 TRANS HOSP PROV                 PROCESS NEW HIC Y XXXXXXXXA
PATIENT CONTROL NBR 000000000000000      FED.TAX NO.  000000000  TAX SUB:
 STMT DATES FROM 100106  TO 100106  DAYS COV      N-C       CO      LTR
 LAST DOE                          FIRST JOHN           MI F  DOB MMDDYYYY
 ADDR 1 34650 US HWY 19 N                2 PALM HARBOR FL
      3                                  4
      5                                  6
ZIP 346833670 SEX F MS   ADMIT DATE 073106 HR 00 TYPE   SRC 1 D HM      STAT 30
   COND CODES 01    02    03    04    05    06    07    08    09    10
 OCC CDS/DATE 01           02           03           04           05
              06           07           08           09           10
   SPAN CODES/DATES 01                  02                  03
04                  05                  06                  07
08                  09                  10
  DCN
       V A L U E  C O D E S  -  A M O U N T S  -  A N S I   MSP APP IND
01 61    45300.00        02 65      914.16        03
04                       05                       06
07                       08                       09
37185                                                    <== REASON CODES
      PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT
```

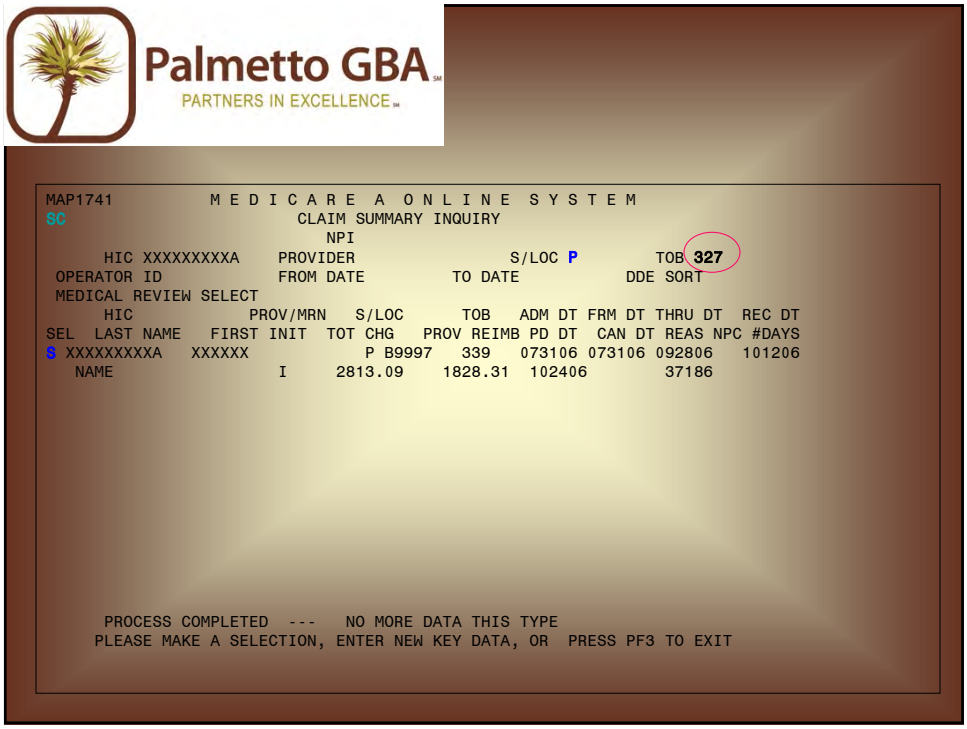
Adjustments

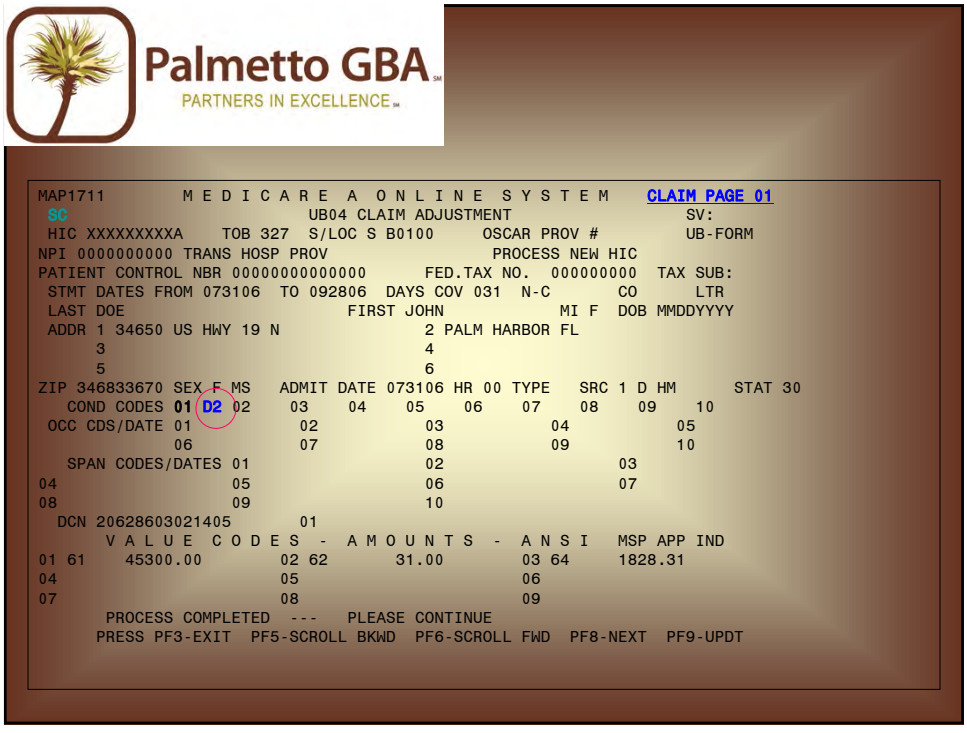
Main Menu – Claims Correction




Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1704 PALMETTO GOVT BENEFITS ADMINISTRATORS
CLAIM AND ATTACHMENTS CORRECTION MENU
CLAIMS CORRECTION
INPATIENT 21
OUTPATIENT 23
SNF 25
HOME HEALTH 27
HOSPICE 29
CLAIM ADJUSTMENTS CANCELS
INPATIENT 30 50
OUTPATIENT 31 51
SNF 32 52
HOME HEALTH 33 53
HOSPICE 35 55
ATTACHMENTS
PACEMAKER 42
AMBULANCE 43
THERAPY 44
HOME HEALTH 45
ENTER MENU SELECTION: 33
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB XXX
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER S/LOC P TOB 327
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX P B9997 339 073106 073106 092806 101206
NAME I 2813.09 1828.31 102406 37186
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC UB04 CLAIM ADJUSTMENT SV:
HIC XXXXXXXXXA TOB 327 S/LOC S B0100 OSCAR PROV # UB-FORM
NPI 0000000000 TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 00000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 073106 TO 092806 DAYS COV 031 N-C CO LTR
LAST DOE FIRST JOHN MI F DOB MMDDYYYY
ADDR 1 34650 US HWY 19 N 2 PALM HARBOR FL
3 4
5 6
ZIP 346833670 SEX F MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 D2 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN 20628603021405 01
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 45300.00 02 62 31.00 03 64 1828.31
04 05 06
07 08 09
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT

D Codes

- **Acceptable Adjustment Condition Codes:**
  - **D0** Changes to Service Dates
  - **D1** Changes to Charges (**Note:** Takes precedence if multiple changes are being made in addition to changes in charges)
  - **D2** Changes to Revenue, HCPCS, and HIPPS codes
  - **D7** Change to make Medicare the Secondary Payer

    no longer used in DDE
  - **D8** Change to make Medicare the Primary Payer

    no longer used in DDE
  - **D9** Any other Change

```
MAP1712        M E D I C A R E   A   O N L I N E   S Y S T E M   CLAIM PAGE 02
SC                        UB04 CLAIM ADJUSTMENT              REV CD PAGE 01

HIC XXXXXXXXXA    TOB 337  S/LOC S B0100  PROVIDER XXXXXX

                                TOT    COV
CL  REV  HCPC MODIFS       RATE UNIT   UNIT  TOT CHARGE NCOV CHARGE SERV DT
 1 0023 XXXXX                   00060 00060     1828.31              073106
 2 0421 G0151                   00006 00006      106.36              073106
 3 0421 G0151                   00003 00003      106.36              080906
 4 0421 G0151                   00003 00003      106.36              081106
 5 0421 G0151                   00003 00003      106.36              081506
 6 0421 G0151                   00003 00003      106.36              081706
 7 0421 G0151                   00003 00003      106.36              082306
 8 0421 G0151                   00002 00002      106.36              082506
 9 0551 G0154                   00003 00003       97.28              080806
10 0551 G0154                   00003 00003       97.28              081506
11 0551 G0154                   00003 00003       97.28              082106
12 0551 G0154                   00004 00004       97.28              082406
13 0551 G0154                   00003 00003       97.28              082806
14 0551 G0154                   00004 00004       97.28              083006

      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
                                MAKE CHANGES
```

Adjustments On Page 2 Of The Claim

- Correcting or making changes to the revenue code lines
  - Follow the 'Corrections' instructions covered earlier in this presentation

```
MAP1713        M E D I C A R E  A  O N L I N E  S Y S T E M     CLAIM PAGE 03
SC                          CLAIM ADJUSTMENT
HIC XXXXXXXXXA    TOB 337  S/LOC S B0100  PROVIDER XXXXXX
                                                        OFFSITE ZIPCD:
 CD  ID    PAYER                    OSCAR        RI AB  PRIOR PAY  EST AMT DUE
A Z       MEDICARE                  PROV #        Y Y         0.00        0.00
B                                                             0.00        0.00
C                                                             0.00        0.00
DUE FROM PATIENT        0.00        0.00

MEDICAL RECORD NBR 0000000000000000    COST RPT DAYS      NON COST RPT DAYS
DIAGNOSIS CODES  1 9190    2 45932   3 4280    4 72887    5 V1302
                 6         7         8         9
ADMITTING DIAGNOSIS           E CODE           HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES  1                2
 3                4                5                6

ESRD HOURS 00  ADJUSTMENT REASON CODE OT   REJECT CODE        NONPAY CODE
ATT PHYS DXXXXX NPI 0000000000    LN KILDARE              FN BEN      MI
OPR PHYS        NPI 0000000000    LN                      FN          MI
OTH PHYS        NPI 0000000000    LN                      FN          MI
      PROCESS COMPLETED  ---   PLEASE CONTINUE
           PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

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```
MAP1714        M E D I C A R E   A   O N L I N E   S Y S T E M     CLAIM PAGE 04
SC                          CLAIM ADJUSTMENT     REMARK PAGE 01

HIC XXXXXXXXXA    TOB 337  S/LOC S B0100  PROVIDER XXXXXX

REMARKS

ADJUSTING CLAIM TO ADD NURSING VISIT ON 9/24/06









47  PACEMAKER      48  AMBULANCE      40  THERAPY      41  HOME HEALTH
58  HBP CLAIMS (MED B)                E1  ESRD ATTACH
ANSI CODES - GROUP: CO  ADJ REASONS: 92   APPEALS: MA01

      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT  PF9-UPDT
```

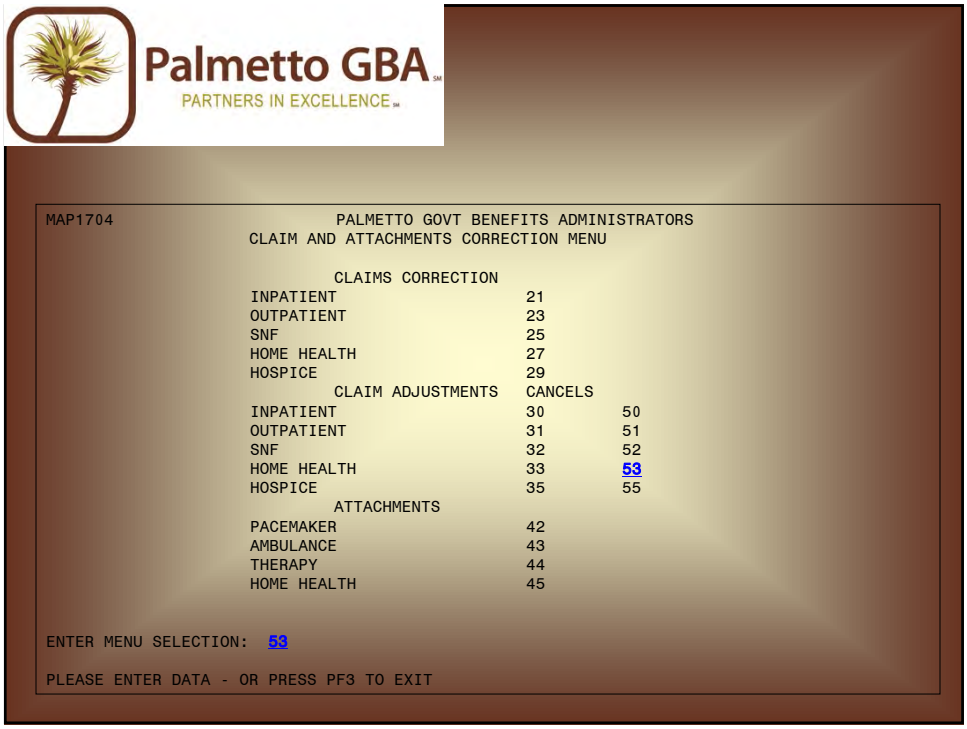
Palmetto GBA
PARTNERS IN EXCELLENCE

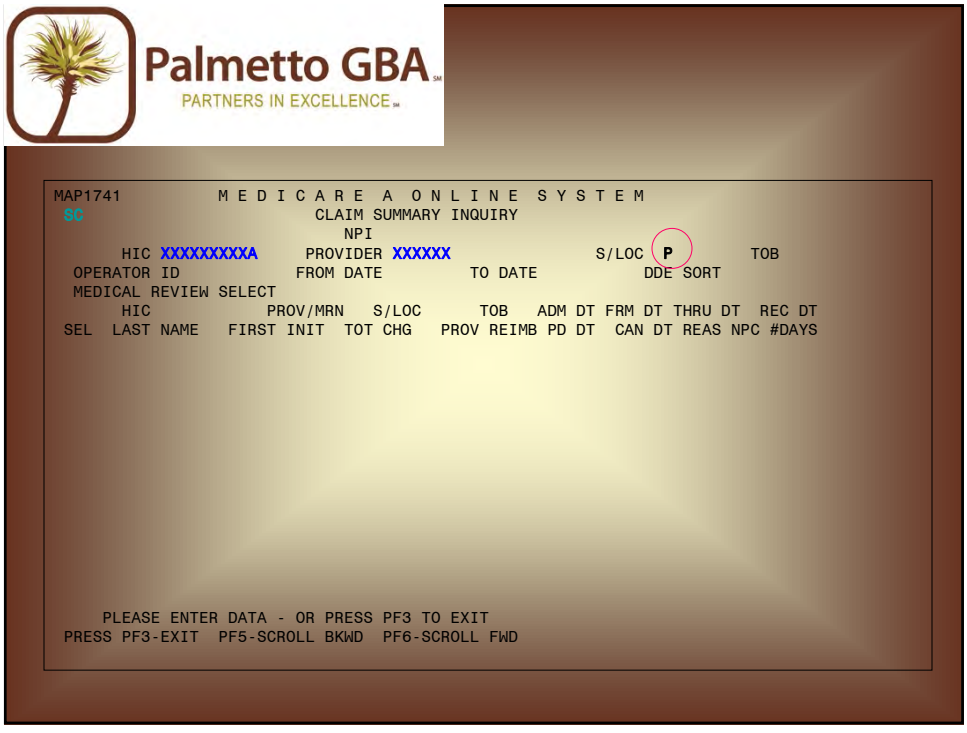
F9 To Send The Adjusted Claim

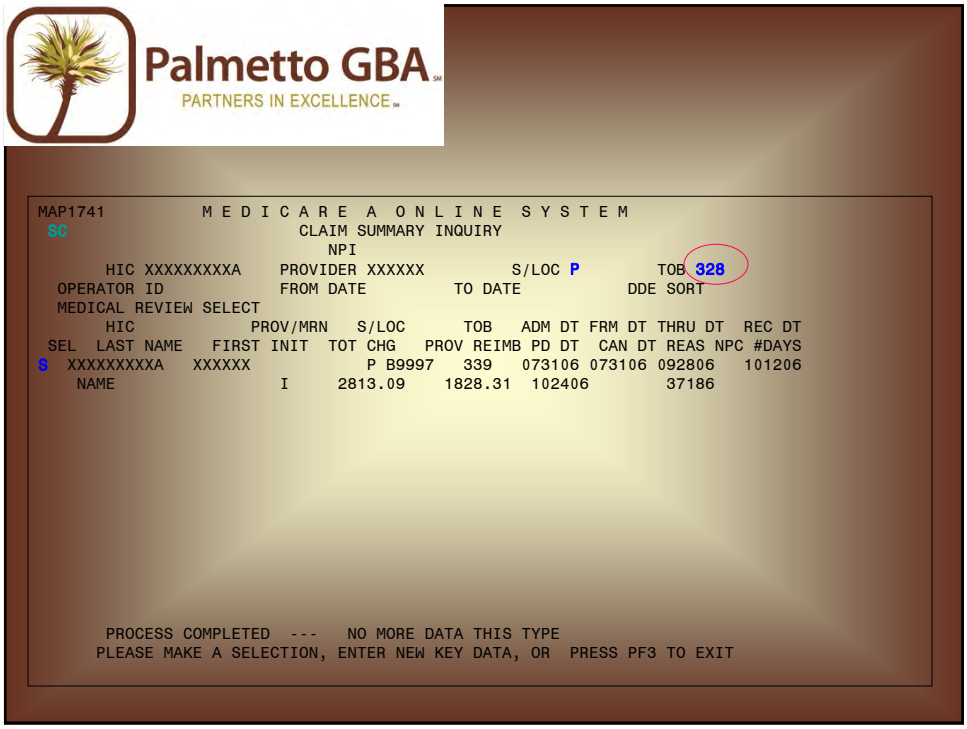
Cancellations

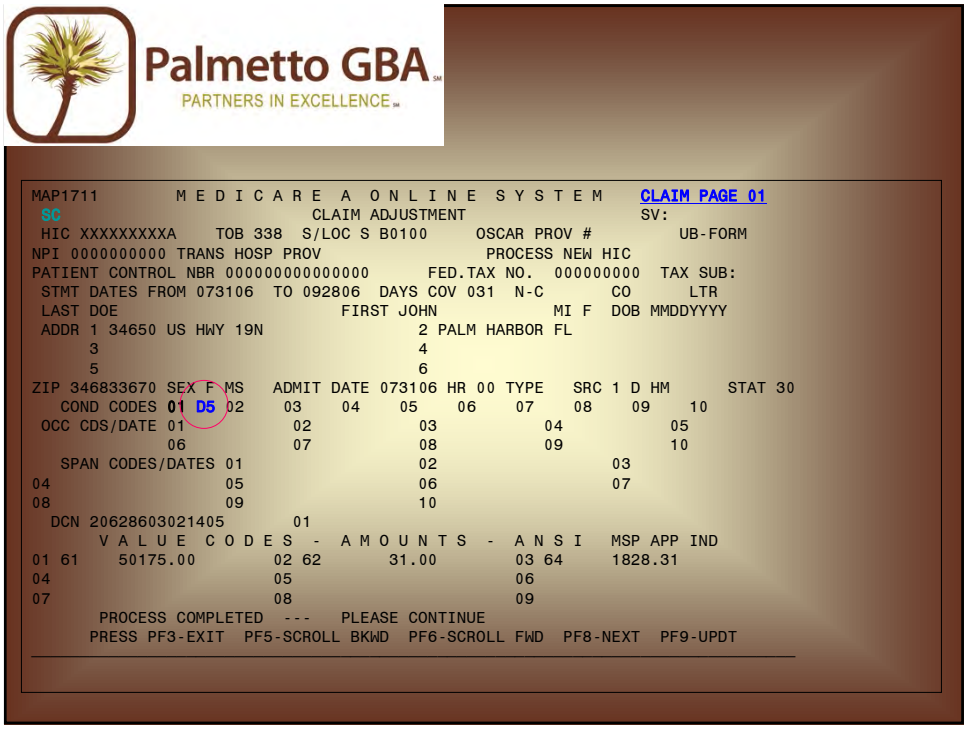
Main Menu – Claims Correction

```
MAP1701                          PALMETTO  GBA
                        MAIN MENU FOR REGION A6504A9P

                          01    INQUIRIES

                          02    CLAIMS/ATTACHMENTS

                          03    CLAIMS CORRECTION

                          04    ONLINE REPORTS VIEW




  ENTER MENU SELECTION: 03


   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1704 PALMETTO GOVT BENEFITS ADMINISTRATORS
CLAIM AND ATTACHMENTS CORRECTION MENU
CLAIMS CORRECTION
INPATIENT 21
OUTPATIENT 23
SNF 25
HOME HEALTH 27
HOSPICE 29
CLAIM ADJUSTMENTS CANCELS
INPATIENT 30 50
OUTPATIENT 31 51
SNF 32 52
HOME HEALTH 33 53
HOSPICE 35 55
ATTACHMENTS
PACEMAKER 42
AMBULANCE 43
THERAPY 44
HOME HEALTH 45
ENTER MENU SELECTION: 53
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB 328
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX P B9997 339 073106 073106 092806 101206
NAME I 2813.09 1828.31 102406 37186
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC CLAIM ADJUSTMENT SV:
HIC XXXXXXXXXA TOB 338 S/LOC S B0100 OSCAR PROV # UB-FORM
NPI 0000000000 TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 073106 TO 092806 DAYS COV 031 N-C CO LTR
LAST DOE FIRST JOHN MI F DOB MMDDYYYY
ADDR 1 34650 US HWY 19N 2 PALM HARBOR FL
3 4
5 6
ZIP 346833670 SEX F MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 D5 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN 20628603021405 01
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 50175.00 02 62 31.00 03 64 1828.31
04 05 06
07 08 09
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT

D Codes

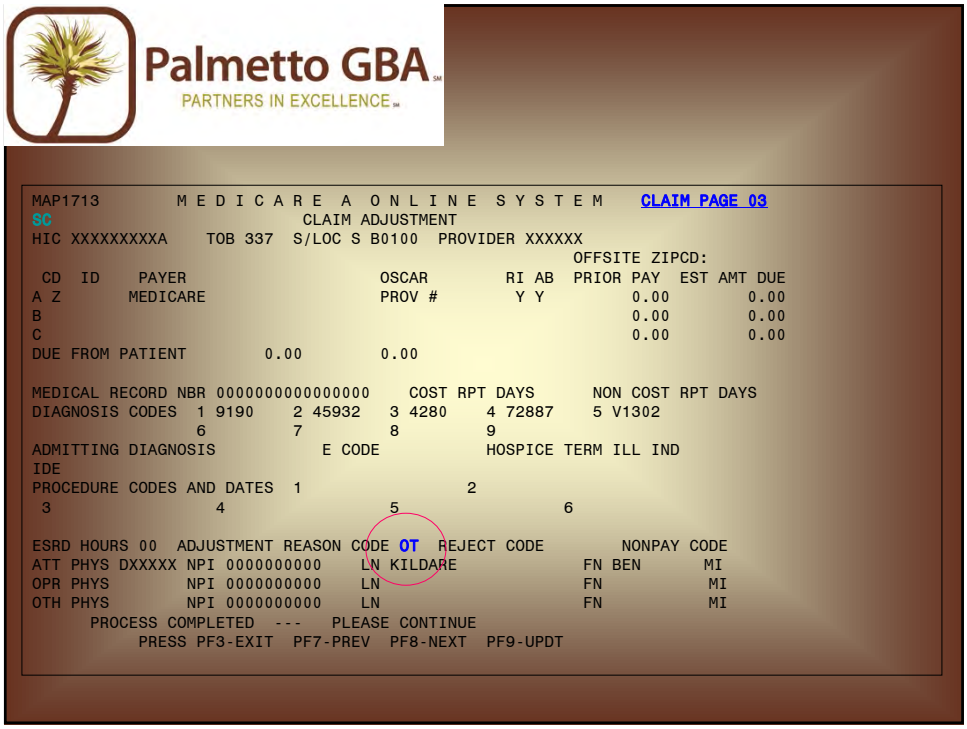
- **Acceptable Cancellation Condition Codes:**

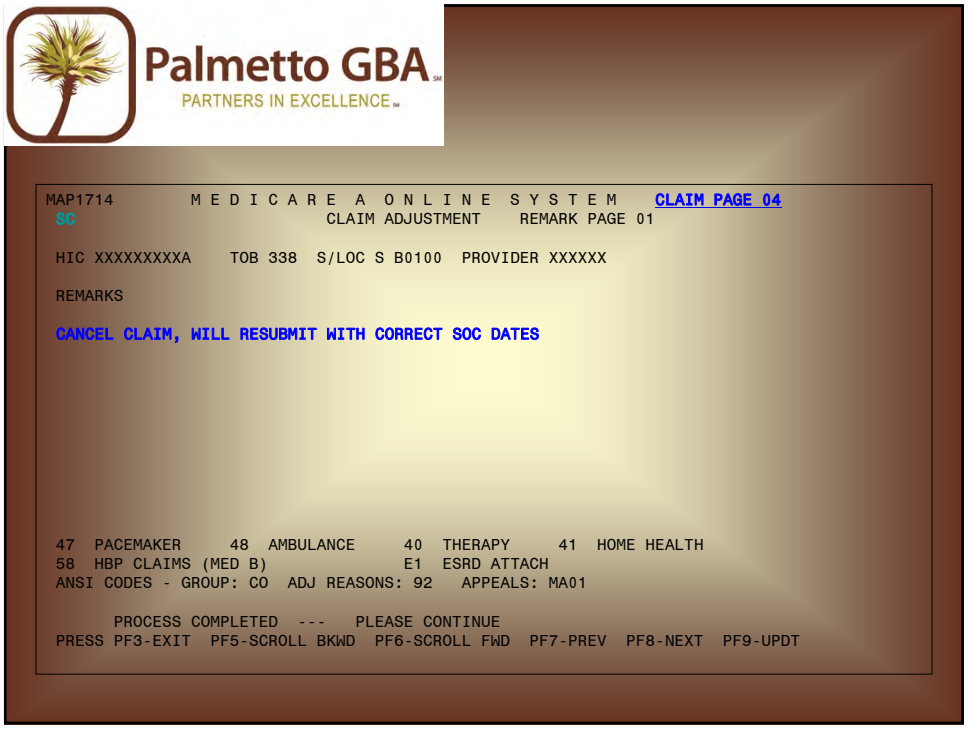
  D5 Cancel to Correct HIC number or Provider number

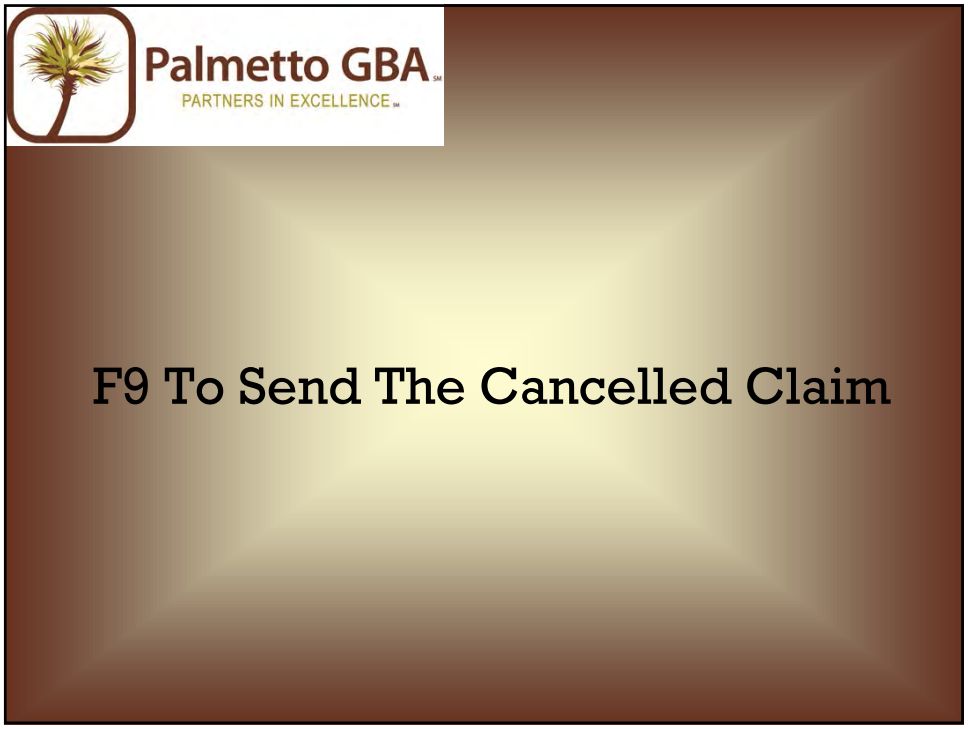
  D6 Cancel to repay a Duplicate or OIG Overpayment

Page 2 Of Claim For Cancel Bills

- Revenue Codes and Charges Page
  - Don't do anything to this page because you are cancelling the entire claim anyway


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1713 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 03
SC CLAIM ADJUSTMENT
HIC XXXXXXXXA TOB 337 S/LOC S B0100 PROVIDER XXXXXX
OFFSITE ZIPCD:
CD ID PAYER OSCAR RI AB PRIOR PAY EST AMT DUE
A Z MEDICARE PROV # Y Y 0.00 0.00
B 0.00 0.00
C 0.00 0.00
DUE FROM PATIENT 0.00 0.00
MEDICAL RECORD NBR 0000000000000000 COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 9190 2 45932 3 4280 4 72887 5 V1302
6 7 8 9
ADMITTING DIAGNOSIS E CODE HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 1 2
3 4 5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE OT REJECT CODE NONPAY CODE
ATT PHYS DXXXXX NPI 0000000000 LN KILDARE FN BEN MI
OPR PHYS NPI 0000000000 LN FN MI
OTH PHYS NPI 0000000000 LN FN MI
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1714 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
SC CLAIM ADJUSTMENT REMARK PAGE 01
HIC XXXXXXXXA TOB 338 S/LOC S B0100 PROVIDER XXXXXX
REMARKS
CANCEL CLAIM, WILL RESUBMIT WITH CORRECT SOC DATES
47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: CO ADJ REASONS: 92 APPEALS: MA01
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT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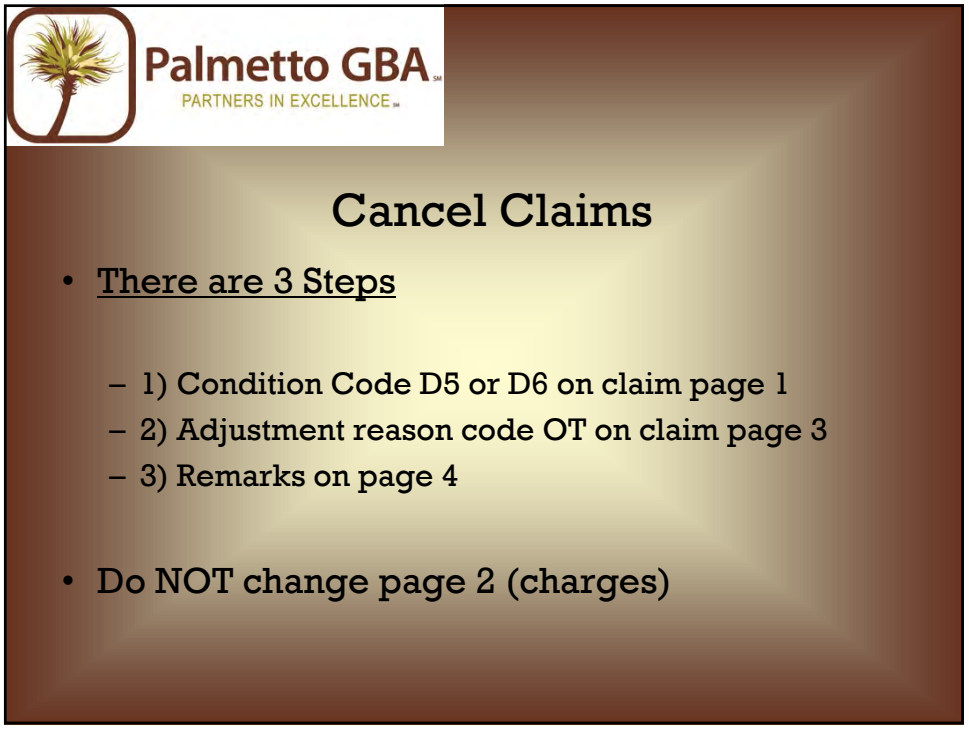
F9 To Send The Cancelled Claim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Cancel Claims
There are 3 Steps
1) Condition Code D5 or D6 on claim page 1
2) Adjustment reason code OT on claim page 3
3) Remarks on page 4
Do NOT change page 2 (charges)

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More About DDE

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More about DDE…

- View a different page
  - F8 forward
  - Put cursor on claim page – type page number desired – press enter
- View outlier payment
  - Value Code 17 and an amount on page one of the processed claim
- View medical review reason for denial
  - Remarks screen = claim page 4

More about DDE…

- View downcode of a claim
  - Go to Page **2** of your claim
  - Press the **F11** key
    - HIPPS code billed will be shown along with the downcoded HIPPS code resulting in payment
- Document Control Number (DCN)
  - Located on processed DDE claims
  - Also located on the remittance advice
  - Must be present on adjustment/ cancellation bills

More about DDE…

- Main Menu – 01 Inquiries – 12 Claims
  - Make it work for you!
  - Enter one or all fields or a combination
  - Enter **one** status (S, T, P, R) **or** a S/LOC such as S/B6001 (ADR)
  - Remember delete 3x's in TOB field before pressing Enter

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Thank you for attending

The information provided in this session is current as of June 30, 2009. Any changes or new information superseding the information in this session will be provided in articles and publications posted at **www.PalmettoGBA.com** for home health and hospice providers.